

Frequently Asked Questions About Women's Health



National Womens Health
Information Center

1-800-994-WOMAN

TDD: 1-888-220-5446

www.4woman.gov

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Eliminating Racial and Ethnic Disparities in Health: A National Priority

The U.S. Department of Health and Human Services is committed to ensuring that, as the health of our Nation continues to improve, no one is left behind. Despite vast improvements in health promotion and disease prevention overall, large racial and ethnic disparities remain in the health status of our population. Now the Department of Health and Human Services is spearheading a challenge to close the gaps and eliminate all racial and ethnic disparities in six priority areas by the year 2010, including:

- ❖ **Infant Mortality:** Including efforts to remove financial, social, and practical barriers to timely and quality prenatal care; to reduce smoking, alcohol/drug use, and exposure to violence in pregnancy; and to address medical problems or chronic illnesses throughout pregnancy and postpartum to reduce health problems.
- ❖ **Cancer Screening and Management:** Including an emphasis on prevention (smoking cessation, healthy diets, and exercise) and early detection—encouraging people to get regular screening and eliminating barriers to early detection (such as mammograms, pap smears, colon and prostate cancer screenings). Ensure increased access to cancer treatment and management.
- ❖ **Cardiovascular Disease:** Including an emphasis on reducing and managing risk factors for heart disease and stroke, such as high blood pressure, high cholesterol, smoking, lack of exercise, and overweight. Increased understanding in racial, ethnic, and gender disparities in treatments for cardiovascular diseases and elimination of inequalities in access to care for cardiovascular disease.
- ❖ **Diabetes:** Targeting prevention and education efforts at groups at high risk for diabetes (African Americans, Hispanics, American Indians, and Alaskan Natives). Reducing rates of obesity (a high risk factor for adult-onset diabetes). Increasing early detection, care, and self-management for people with diabetes—increasing control of blood sugar levels, treating high blood pressure, improving foot care, reducing cigarette smoking, and early detection and treatment of eye problems.
- ❖ **Child and Adult Immunizations:** Increasing education efforts about the types of diseases that can be prevented with immunizations, ages and schedules for these vaccinations, and reducing access barriers to immunizations.
- ❖ **HIV/AIDS:** Emphasis on education and prevention so that people recognize the risks of infection, including risk reduction counseling, street and community outreach, prevention case management. Increased help for getting testing, counseling, treatment, and related services. Early and equal access to health care and drug therapies through Medicaid, Medicare, and Ryan White CARE Act funding.

Health Information You Can Trust

National Women's Health Information Center (Office on Women's Health, U.S. Department of Health and Human Services)

Phone: 800-994-WOMAN

TDD: 888-220-5446

Internet: www.4woman.gov

This is a free, noncommercial, government information source for women's health. The phone line is staffed from 9 a.m. to 6 p.m. (EST) in English and Spanish and provides referrals to hot lines, printed health information materials, and other resources. The web site has a reference library, frequently asked questions, latest new stories, events, announcements, and access to health materials and publications. Special pages available in Spanish, on men's health issues, and on women with disabilities.

Healthfinder (Web Site)

Internet: www.healthfinder.gov

This free, government-sponsored web site can lead you to selected on-line publications, clearinghouses, databases, web sites, and support and self-help groups, as well as the government agencies and not-for-profit organizations that produce reliable information for the public.

Office of Minority Health Resource Center

Phone: 800-444-6472

TDD: 301-589-0951

Internet: www.omhrc.gov/Welcome.HTM

The OMH-RC is a free, government-sponsored resource and referral service on minority health issues. It offers customized database searches, publications, mailing lists, referrals, and more regarding American Indian and Alaska Native, African American, Asian American and Pacific Islander, and Hispanic populations. Services offered in English and Spanish. Phone specialists available

Monday to Friday, from 9 a.m. to 5 p.m. ET.

Consumer Information Center, U.S. General Services Administration

Internet: www.pueblo.gsa.gov/health.htm

This Center has full text versions of hundreds of the best federal consumer publications available that you can view for free on line or purchase as printed copies at the on-line ordering site.

National Aging Information Center, U.S. Administration on Aging

Phone: 202-619-7501

TDD: 202-401-7575

Internet: www.aoa.dhhs.gov/naic/

Information specialists respond to inquiries on health and aging by consulting databases and statistical tables, providing copies of publications and materials, and making referrals to other sources.

CDC National Prevention Information Network

Phone: 800-243-7012

Internet: <http://www.cdcnpin.org/>

This information center can offer up-to-date information, help you access on-line data bases and toll-free phone numbers, and send you publications on sexually transmitted diseases (STDs), HIV/AIDS, and tuberculosis(TB).

Cancer Information Service (National Cancer Institute)

Phone: 800-4-CANCER

TDD: 800-332-8615

Internet: <http://cis.nci.nih.gov>

This government information service offers the latest, most accurate cancer information for patients, their families, the general public, and health professionals. Calls are answered in English and Spanish.

Tips for Talking to Your Doctor

Today, patients and doctors are partners in good health care. This means asking questions if the doctor's explanations are not clear, bringing up problems or concerns even if the doctor doesn't ask, and letting the doctor know when a treatment isn't working.

Getting ready for your appointment ahead of time can help:

- Be prepared with a list of concerns and questions. Do you have a new symptom, want to know about a new treatment?
- Bring a list of all the medications you are taking, including vitamins, herbal remedies, and other nonprescription medicines.
- If you have difficulty seeing, hearing, or understanding your doctor or nurse, let them know.
- Consider bringing a friend or relative with you.
- Update your doctor on any medical emergencies you've had or changes in your eating, sleeping, energy, appetite, or other daily habits.
- Be honest, don't just say what you think the doctor wants to hear.

Don't be afraid to ask questions like these:

About my disease or disorder...

- What do I have?
- What caused it?
- Can it be treated?
- Should I watch for any particular symptoms or changes?
- Should I make any life-style changes?
- How will it affect my life-style?

About my treatment...

- What are my treatment choices?
- How long will treatment last?
- What are the benefits and how successful is it?
- What should I do if I miss a dose?
- What are the risks and side effects?
- Should I avoid any foods, drugs, or activities?

About my tests...

- What kind of tests will I have?
- What will you find out from them?
- When will I have the results?
- What do I have to do to prepare?
- Are there any risks?
- Will I need more tests later?

If you don't understand your doctor's answers...

- Ask more questions. Ask him or her to explain any words you don't understand
- Take notes or ask your doctor to write things down
- Ask your doctor for written materials or videos that help explain your questions
- Ask where you can get more information
- Talk to other providers who may take more time to explain things to you, such as nurses, physician assistants, physical therapists, and pharmacists

For more information:

The National Institute on Aging has a free brochure called "Talking with Your Doctor: A Guide for Older People"

Phone: 800-222-2225

Internet: www.nih.gov/health/chip/nia/talking/talk.htm

The National Women's Health Information Center: 1-800-994-WOMAN

Hospital Stays

Here are some tips that may help make your stay in the hospital

less stressful:

What to Bring:

- ✓ A few nightclothes, a bathrobe, slippers
- ✓ Comfortable clothes to wear home (and clothes for your baby if you are giving birth)
- ✓ A toothbrush, toothpaste, dental floss, shampoo, comb and brush, deodorant, and a razor
- ✓ A list of all the medicines you take
- ✓ Details of your past illnesses, surgeries, and any allergies
- ✓ Your health insurance card
- ✓ An address book and list of names and phone numbers of people to reach in case of emergency
- ✓ \$10 or less for newspapers, magazines, or gift shop items

What Not to Bring:

- ✓ Leave cash, jewelry, credit cards, and checkbooks at home, or have a trusted family member or friend keep them
- ✓ Leave electric razors, hair dryers, and curling irons at home since they may not be grounded properly and could be unsafe

Safety Tips:

Once you are in your room, you may want to take a few extra safety steps:

- ✓ Use the call bell when you need help
- ✓ Use the controls to lower the bed before getting in or out
- ✓ Be careful not to trip over the wires and tubes that may be near the bed
- ✓ Try to keep things you need within easy reach
- ✓ Take only prescribed medicines, discuss any medicines you brought with you with your doctor
- ✓ Be careful getting in and out of the bath or shower. Use the grab bar for support
- ✓ Use handrails in hallways and stairways
- ✓ If you must smoke, do so only where allowed, and never around oxygen

Admission:

Your first stop in the hospital is the admitting office where you or a family member will sign forms allowing the hospital to provide treatment and release medical information to the insurance company. If you are expecting a baby, you may be able to fill out some of these forms ahead of time through your health plan or birthing classes.

Questions:

If you have questions about your care, always feel free to ask your doctor or nurse. They are there to provide care and discuss your concerns. Your nurse or social worker may also be able to help you get more information. You may find it helpful to write down questions as you think of them, so you don't forget.

For emergencies:

You may want to write some basic health information on a note card you carry in your purse or wallet—especially if you have any medical conditions or allergies. Include your doctor's name and phone, your health insurance policy number, a list of medications you take, any medical problems or allergies, and the names and phone numbers of close family members.

For more information:

The American Hospital Association provides information on patients' rights
Phone: 312-280-6000
Internet: www.aha.org/resource/pbillofrights.html

Preventive Health Screenings

Test	Frequency
Blood Pressure Measurement	Every one to two years
Breast Exams	Monthly self-exam; annual exam by a physician
Mammography	Every one to two years after age 40—see your doctor for your personal risk needs
Cholesterol Levels	Every five years after age 18
Pelvic Exams / Pap Smears	Every one to three years after age 18, or when sexually active
Rectal Exams	Annually after age 50; earlier if you have inflammatory bowel disease or a first-degree relative with colon cancer
Blood Sugar Levels	Varies depending on family history and risk factors for diabetes
Skin Exams	Annual mole checks; check yourself for suspicious growths or changes
Dental Exams	Twice a year for checkup and cleaning
HIV Test	If you had a blood transfusion between 1978 and 1985; have injected illegal drugs, had multiple sex partners, or had sex with a man who had sex with another man
Tests for Sexually Transmitted Disease	If you have had multiple sexual partners or any sexually transmitted disease; recommended for all pregnant women at their first prenatal visit
Eye Exams	Every one to two years, yearly if you have diabetes or a family history of eye diseases

What To Expect With Preventive Exams

Clinical breast exam: Your provider will look at your breasts for dimples, inverted nipples, or lumps. Then he or she will manually examine your breasts using a circular motion, checking for lumps.

***Remember:** You should also check your own breasts monthly.

Mammogram. The day of the exam you should not wear powder, cream or deodorant on your upper body. You will undress from the waist up. Your breasts will be pressed between glass plates and x-rays will be taken.

Pelvic exam and Pap test: During the pelvic exam you lie on your back with knees bent and feet in stirrups. The doctor or nurse will feel your pelvic organs, and use an instrument called a speculum to look inside the vagina. He or she will also scrape a few cells with a cotton swab that will be sent to a lab to check for signs of cancer, disease, or infection.

Blood pressure: Your provider will wrap a rubber cuff around your upper arm and inflate it. He or she will slowly release the air from the cuff, listening to the pulse beats in your arm with a stethoscope to measure the pressure when your heart contracts and when it relaxes.

Urinalysis (urine test): An analysis of a urine sample can indicate possible problems such as diabetes, kidney problems, liver problems, or bacterial infection. You will be asked to urinate in a special container.

Skin exam: Your dermatologist will examine your whole body, looking for moles with uneven borders, more than one color, asymmetrical shape, or a size larger than a pencil eraser. ***Remember:** You

should also do a self-check of your skin monthly.

Colo-rectal Exams. These important exams screen for colo-rectal cancers—the third leading cancer killer of American women—and other possible problems in your digestive tract such as an ulcer or infection. Usually recommended after age 50, the most common are: fecal occult blood (looks for blood in a stool sample), flexible sigmoidoscopy, and colonoscopy (both inspect the colon with a light on the end of a flexible tube inserted through your rectum as you lie on your side, lightly sedated).

Eye exam: Tests will depend on your age, medical history, and date of your last exam. You may need to read letters on a chart in the distance or at reading distance. You may get eye drops to numb your eye or dilate your pupil to test for glaucoma and check your retina. Your ophthalmologist may test how your eye moves and responds to light.

Blood tests: Since your blood travels throughout the body, blood samples can offer a wide range of information about your health. Usually blood is drawn from your arm with a needle connected to a tube. Less often, a finger prick test will collect drops of blood. Common blood tests are used to measure the levels of calcium, cholesterol, triglycerides (a form of fat), blood sugar, thyroid hormones, or other chemicals in your body. A test of your complete blood count (CBC) can indicate if you have anemia, lack iron, have lost too much blood, have an infection, or a serious illness like leukemia. Some diseases, like Hepatitis, Syphilis and AIDS, can also be detected through a blood test.

When Someone You Love is Seriously Ill

Most of us will, at some time or another, face the threat of a serious illness in someone we love. And while we may care deeply, we may not always know how to show it and what to do. Here are some tips that may help:

- ♥ Don't pull away. Many people are afraid of disease or worried that by calling or seeing someone who is sick they will be in the way. Remember that, on the contrary, this is when the person you love may need you the most.
- ♥ Remember that while seriously ill, the person you love is still the same person as before. Try to share the same activities you enjoyed together before, if possible. Urge him or her to see friends and family and do things with you and others.
- ♥ Listen and communicate. Some people need to talk about their illness. Follow their cues if they start talking and sharing their fears. Give them realistic support and hope. Others may not want to discuss their illness, so give them room.
- ♥ Encourage other friends and relatives to visit or call the person who is ill.
- ♥ Remember that your presence and warmth are as important as your words. Don't worry about long silences in the conversation. You can show your affection and support by being there, smiling, and showing you care in your expressions.
- ♥ Offer to help with practical matters, like shopping, cleaning, baby-sitting, translations, or transportation.
- ♥ Take care of your own needs, too. Talk out your fears and concerns with someone you can trust like a member of the clergy, trusted friend, social worker, support group member, or relative.
- ♥ Learn more about the disease your loved one is facing, so that you are better prepared to cope with its stages and treatments.
- ♥ Call on others for help—to help you cope and to help you attend to the person you love.
- ♥ If the person who is ill shows anger or fear, do not take it personally, and try to discuss it openly.
- ♥ Plan activities celebrating your loved one, or supporting work on the illness they face.
- ♥ Be supportive, but try not to be overprotective. People who are ill need to maintain normalcy as much as possible, too.
- ♥ Keep in contact for the long term. Don't lose touch just because things start to look better or worse.
- ♥ When hope is gone, realize that most people are more afraid of dying alone than of death itself. A hospice organization may be able to help.
- ♥ Be yourself.

For more information, contact:

Well Spouse Foundation

Phone: 800-838-0879

Internet: www.wellspouse.org/

National Hospice Organization

Phone: 800-658-8898

Internet: www.nho.org/

Alcohol

Does alcohol affect women differently than men?

Yes. Women and men seem to process alcohol differently. As a result some of the negative effects of alcohol seem to affect women more quickly than men. Compared with men, women become intoxicated (drunk) more quickly and with less alcohol than do men. Women also develop alcoholic liver disease, particularly alcoholic cirrhosis and hepatitis, more rapidly and after using less alcohol than men. Alcoholic women are more likely than alcoholic men to die from cirrhosis.

Drinking excessively also has negative effects on women's reproductive health. Chronic heavy drinking can lead to menstrual problems such as excessive pain, heavy flow, premenstrual discomfort, and irregular or absent cycles. It can also cause infertility problems and lead to early menopause.

How does drinking during pregnancy affect your baby?

Drinking any alcohol during pregnancy can be very dangerous for your baby. It can lead to long-term birth defects that affect how the baby will look and develop. The most severe effects of heavy drinking during pregnancy are called fetal alcohol syndrome (FAS) which can lead to small birth-weight; deformities of the face, head, or brain; problems with vision or hearing; developmental delays; behavioral problems; learning disabilities; and mental retardation. The effects of fetal alcohol syndrome last throughout childhood and adulthood.

Even women who consider themselves moderate drinkers may pass on to their infants less severe forms of these serious health problems, known as Fetal Alcohol Effects (FAE). Both FAS and FAE are

100 percent preventable if you do not drink any alcohol during pregnancy.

How much alcohol is too much?

The definition of moderate drinking for women is one glass of wine, spirits, or beer a day. **Pregnant women should not drink any alcohol.**

What should I do if I think I may have a drinking problem?

Get help. Don't try to do it all alone.

Here are places that can help:

Alcoholics Anonymous (AA), check your local phone book for listings in your area.

Internet:
www.alcoholicsanonymous.org

National Council on Alcoholism and Drug Dependence

Phone: 800-622-2255
Internet: www.ncadd.org

National Institute on Alcohol Abuse and Alcoholism

Phone: 301-443-3860
Internet: www.niaaa.nih.gov

National Clearinghouse for Alcohol and Drug Information

Phone: 800-729-6686
Internet: www.health.org

National Organization on Fetal Alcohol Syndrome

Phone: 800-66-NOFAS
Internet: www.nofas.org

Alzheimer's Disease

What is Alzheimer's disease?

Alzheimer's disease is the most common cause of dementia (a condition that disrupts the way the brain works) in older people. Alzheimer's affects the parts of the brain that control thought, memory, and language. It is not clear what causes Alzheimer's and there is no known cure.

Who gets Alzheimer's disease?

There are 4 million Americans with Alzheimer's. Most are over age 65, and the risk increases with age. Nearly half of all people over age 85 have Alzheimer's. It seems to run in families, and scientists are studying environmental and biological links that may increase the risk for this disease.

What are the symptoms of Alzheimer's?

Alzheimer's begins slowly. At first, the only symptom may be trouble remembering recent events, activities, or the names of familiar people or things. Simple math problems may become hard. As the disease progresses, symptoms are more easily noticed and become serious enough to cause people with Alzheimer's or their family members to seek medical help. For example, people with Alzheimer's may forget how to do simple tasks like brushing their teeth or combing their hair. They can no longer think clearly and they begin to have problems speaking, understanding, reading, and writing. Later on, people with Alzheimer's may become anxious or aggressive, or they may wander away from home. Eventually, they may need full-time care.

How is Alzheimer's disease treated?

No treatment can stop this disease. Medications may relieve some symptoms like sleeplessness, agitation, wandering, anxiety, and depression in the early and middle stages of the disease.

Scientists are testing new drugs for treating Alzheimer's at many large teaching hospitals and universities. If you or someone you know would like to take part in these clinical trials, contact the Alzheimer's Disease Education and Referral (ADEAR) Center listed below.

How is Alzheimer's disease diagnosed?

The current method of diagnosis involves basically ruling out any other cause for dementia (brain damage, other diseases). Scientists are currently working on a skin test that may allow them to not only detect Alzheimer's, but do so in the early stages of the disease.

For more information, contact:

Alzheimer's Disease Education and Referral Center

Phone: 800-438-4380

Internet: www.alzheimers.org

Alzheimer's Association

Phone: 800-272-3900

Internet: www.alz.org

The Eldercare Locator

(sponsored by Administration on Aging)

Phone: 800-677-1116

Internet: www.aoa.gov/elderpage/locator.html

The National Women's Health Information Center: 1-800-994-WOMAN

Arthritis

Is arthritis a woman's issue?

Yes, more than 1 woman in 5 has arthritis, and it is 60 percent more common in women than men. It is the most common chronic, disabling condition women experience after age 45. Forty-five percent of arthritis cases occur in people under the age of 65, often in their prime working years.

What is arthritis?

Arthritis means “joint inflammation.” It can cause pain, stiffness, and swelling in the joints.

The two major types of arthritis are:

Osteoarthritis. This causes stiffness and mild to severe pain, generally in the hands, knees, and hips. It may be caused by wear and tear, injury, and aging. It seems to run in families.

Rheumatoid arthritis. This is a serious, autoimmune disease where immune system attacks healthy tissues and organs, especially the joints.

What are symptoms of arthritis?

- ❖ Swelling in one or more joint(s)
- ❖ Morning stiffness lasting more than 30 minutes
- ❖ Joint pain or tenderness
- ❖ Not being able to move a joint in the normal way
- ❖ Redness or warmth in a joint
- ❖ Weight loss, fever, or weakness and joint pain that can't be explained

*** If any of these symptoms last more than two weeks, see a doctor.**

How is arthritis treated?

- ❖ Medicines to relieve pain and swelling
- ❖ Exercise, like walking or swimming, to keep joints moving, reduce pain, and strengthen muscles around the joints
- ❖ Use of cold (ice packs) or heat (warm baths, heated pools, hot pads)
- ❖ Controlling or losing weight to reduce stress on joints
- ❖ Surgery to repair or replace damaged joints with artificial ones

What are risk factors for arthritis?

- ❖ Being overweight
- ❖ Older age
- ❖ Low income
- ❖ Being of African American or Native American heritage

For more information, contact:

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Phone: 301-496-8188

Internet: www.nih.gov/niams

National Institute on Aging

Phone: 800-222-2225

Internet: www.nih.gov/nia

Arthritis Foundation

Phone: 800-283-7800

Internet: www.arthritis.org

Autoimmune Diseases

What is an autoimmune disease?

The term “autoimmune disease” refers to a varied group of more than 80 serious, chronic illnesses that involve almost every human organ system. In all of these diseases, the underlying problem is similar—the body’s immune system attacks the very organs or tissues it was designed to protect. About 75% of autoimmune diseases occur in women, and the risk of developing an autoimmune disease seems to run in families.

What are examples of the most common autoimmune diseases?

Lupus-where the body harms its own tissues, damaging joints, skin, kidneys, heart, lungs, blood vessels, and the brain.

Rheumatoid Arthritis-in which the immune cells attack and cause inflammation in the membranes around the joints. It can also affect the heart, lungs, and eyes.

Scleroderma-produces scar tissue in the skin, internal organs, and small blood vessels.

Multiple Sclerosis-where the body attacks the central nervous system blocking the nerves’ ability to transmit signals to do things like walk, speak, or write.

Grave’s Disease and Hashimoto’s Thyroiditis- two autoimmune diseases that affect the thyroid, the gland that controls the body’s rate of metabolism (how the body uses energy).

Insulin-Dependent (Type I or Juvenile) Diabetes- where the body’s immune system destroys the insulin-producing cells in the pancreas and wipes out the body’s ability to control the level of sugar in the blood.

Crohn’s Disease and Ulcerative Colitis-autoimmune diseases that cause inflammation and bleeding in the intestines.

Fibromyalgia-affects the muscles, tendons and ligaments, causing widespread pain and fatigue.

Guillain-Barre Syndrome-where the body’s immune system attacks part of the peripheral nervous system, causing tingling, weakness, and even paralysis in the arms and legs. In severe cases, it can interfere with breathing, heart rate, and blood pressure.

Sjogren’s Syndrome-where individuals lose the ability to produce tears and saliva.

Alopecia Areata-where the body attacks hair cells and causes bald patches on the head, face, or body.

For more information, contact:

American Autoimmune Related Diseases Association

Phone: 800-598-4668

Internet: www.aarda.org

National Institute for Arthritis and Musculoskeletal and Skin Diseases

Phone: 301-496-8188

Internet: www.nih.gov/niams

Lupus Foundation of America

Phone: 800-558-0121

Internet: www.lupus.org

Baby Care

With the excitement and changes of a new baby comes a time for you to readjust and recover, both physically and mentally. Here are some of the changes you may experience:

Lochia is a red-pink-white vaginal discharge that your uterus sheds for about 4 to 6 weeks after delivery.

Your uterus will contract back to a normal size (especially when you breast-feed). You may feel crampy during this time.

Your hormones will change as your body returns to a nonpregnant state and may cause some hair loss, night sweats, or mood swings.

Fatigue-Try to sleep when the baby does-even if it means some chores don't get done.

Loss of control-life may feel chaotic, but give yourself some slack. Work in some time to take care of yourself. Look for a reliable baby-sitter, even for a short outing.

Breast-feeding provides the best food for your baby. To avoid sore nipples, position your baby so that he or she grasps the whole areola (shaded area around the nipple) in his or her mouth. Use a stool for your feet or a chair with arm rests to avoid a sore back.

"Baby blues"-an intense feeling of letdown that afflicts about three-quarters of women in the first few weeks after delivery but then subsides.

Postpartum depression-a more serious set of conditions (depression, anxiety, obsessive-compulsiveness) that can last for months and should be treated. Treatments include therapy, medication, and peer support.

For more information, contact:

American College of Obstetricians and Gynecologists

Phone: 800-762-2264

Internet: www.acog.org

Depression After Delivery

Phone: 800-944-4PPD

Internet: www.behavenet.com/dadinc

Postpartum Support International

Phone: 805-967-7636

Internet: www.iup.edu/an/postpartum

March of Dimes Birth Defects Foundation

Phone: 800-663-4637

Internet: www.modimes.org

National Maternal and Child Health Clearinghouse

Phone: 703-356-1964

American College of Nurse-Midwives

Phone: 202-728-9860

Internet: www.midwife.org



Back Pain

Four out of five adults experience back pain at some point in their lives. Much of it comes from the bending and twisting of everyday activities, although other causes include back injuries, arthritis, congenital disorders, poor posture, obesity, prolonged sitting or standing, and stress.

Here are some tips to help you avoid back strain:

- Learn to lift and push heavy things properly. Bend your legs instead of your back to lift, push, and put things down. Lift up before you turn, turn with your feet not your back, and keep objects close to your body when you are lifting them. Avoid sudden or jerky movements
- Use wheels whenever you can to carry a heavy suitcase or other load
- Lighten your purse, and try using a backpack or fanny pack
- Try to lose weight if you are overweight
- Don't wear heels that are more than 1½ inches high
- If you sit a lot during the day, get up and move around or stretch every 30 minutes, and use a lower back support for your seat or chair
- Sit with your feet flat on the floor or use a footrest
- Get plenty of calcium to help prevent bone loss.
- Use good, straight posture, with shoulders back and head high
- Do back exercises to strengthen your muscles

How do you treat back pain?

- Pain relievers work for most people. For severe pain, you may need a prescription
- Try to stay active to increase flexibility and mobility - you'll recover more quickly with back exercises than with long bed rest
- Apply heat (hot pad, hot water bottle, stuff white tube sock with rice and warm it up in the microwave for a minute or two) or cold (ice packs, bags of frozen vegetables, crushed ice in a plastic bag) to your back
- Chiropractic and osteopathic therapies are effective for some people
- Acupuncture offers some people relief
- Back surgery is usually considered only if other therapies don't work

For more information, contact:

NIH Division of Safety

Internet: <http://odp.od.nih.gov/whpp/ergonomics/office.html>

National Institute of Neurological Disorders and Stroke

Internet: www.ninds.nih.gov/patients/disorder/back%20pain/backpain.htm

Caregiver's Stress and Support

If you are one of the 12 million Americans who take care of a family member or friend for all or part of their day, you may need support and a break. Here are tips that can help:

- Contact your Area Agency on Aging (AAA) for help finding out if you can get support (including financial) for transportation, home health aide services, home-delivered meals, home repair and chore help, legal advice, and other services. They can also refer you to local organizations that may be able to help.
- Find a senior center program, respite program, or program for people with disabilities (through your AAA or otherwise) suitable to your needs.
- Ask your older children to become involved in caregiving. It can help them be more empathizing, responsible, and self-confident.
- Don't hesitate to ask other family members to share in the caregiving responsibilities.
- Don't forget neighbors and friends who may be willing to provide transportation, respite care, help with shopping, chores or repairs.
- See if you can arrange flex-time or flex-place to make your work schedule easier.
- If you are looking to hire a home care worker, contact your AAA, local home health care agency, or local hospital or nursing home for referrals.
- Check with your local social service agencies, churches, senior employment services, and agencies that assist displaced homemakers for further help and support.

If you hire a home health worker:

- Check their references and qualifications carefully.
- Ask to see training certificates, and make sure he or she can do the physical tasks necessary easily and safely.
- Check with your insurance company about coverage for home care.
- Consider whether you need someone who drives. If it's your car, check with your insurance company about any limits on your policy.
- Make sure that you clearly explain responsibilities and talk every day.
- Protect the private papers and mail of the person being cared for. Pick up the mail yourself and check the phone bill for any unauthorized calls.
- Be clear about the salary, when it is paid, and how you will pay for gas, groceries, or other expenses.
- Discuss arrangements for vacations, holidays, absences, and lateness.
- Go over any dietary restrictions and security rules. Leave a list of phone numbers for emergencies.

For more information:

The Eldercare Locator
(sponsored by Administration on Aging)
Phone: 800-677-1116
Internet: www.aoa.gov/elderpage/locator.html

Family Caregiver Alliance
Phone: 415-434-3388
Internet: www.caregiver.org

National Family Caregivers Association
Phone: 800-896 3650
Internet: www.nfcacares.org

American Association of Retired Persons
Phone: 800-424-3410
Internet: www.aarp.org

Cholesterol

What is cholesterol?

Cholesterol is a waxy substance found in all parts of your body. It helps make cell membranes, some hormones, and vitamin D. Cholesterol comes from two sources: your body and the food you eat. Your liver makes all the cholesterol your body needs. Eating too much cholesterol in animal foods like meats, whole milk dairy products, egg yolks, poultry, and fish can make your cholesterol go up.

Why should I worry about cholesterol?

Too much cholesterol is a risk factor for heart disease. It can build up on the walls of the arteries that carry blood to your heart, slowing down or blocking the flow of blood and oxygen to your heart.

What are good and bad cholesterol?

There are two kinds of cholesterol: low density lipoproteins (LDL) and high density lipoproteins (HDL). LDL-cholesterol, or “bad” cholesterol, can cause the cholesterol to build up in the walls of your arteries. In contrast, HDL-cholesterol, or “good” cholesterol, helps your body get rid of the cholesterol in your blood.

What affects my cholesterol levels?

Foods high in saturated fat and cholesterol can raise your overall cholesterol level. Being overweight can raise your level of bad cholesterol and lower your good cholesterol rate. Being physically active lowers the bad and raises the good cholesterol rate. Your genes affect how your body makes and handles cholesterol as do your age and sex. Women generally have lower rates than men until menopause, when the bad cholesterol rates tend to rise.

How much is too much cholesterol?

The desirable cholesterol level is under 200 mg./dL. A level between 200 and 239 mg./dL is considered borderline high, and over 240 is high. For LDL (bad) cholesterol the desirable level is less than 130 mg./dL. A level of 130-159 mg./dL is borderline and 160 or more is high.

What if I have high cholesterol?

Doctors will generally recommend that you eat less saturated fats and cholesterol, be more physically active, and try to lose weight if you are overweight. If these aren't enough, they may prescribe cholesterol-lowering medications.

For more information contact:

National Cholesterol Education Program

Phone: 800-575-WELL

Internet: www.nhlbi.nih.gov/about/ncep



Colon Cancer

Why, as a woman, should I worry about colon cancer?

While it doesn't capture the same level of attention as many other cancers, colon cancer (cancer of the colon or rectum, also called digestive tract) is the third leading cancer killer of American women. It is also one of the easiest cancers to prevent and detect.

Who is at risk for colon cancer?

Generally, the risk of colorectal cancer increases starting around age 40. However, you may be more at risk if you have:

- A history of inflammatory bowel disease (ulcerative colitis, Crohn's Disease)
- A family history of either colorectal cancer, colorectal polyps, ovarian cancer, uterine cancer, or breast cancer.
- Certain inherited syndromes for colon cancer (familial adenomatous polyposis or hereditary non-polyposis colon cancer/Lynch syndrome)
- A diet low in fiber, fruits, and vegetables and high in fat.
- A sedentary lifestyle with little or no physical activity
- A history of obesity or heavy drinking

How can I reduce my risk for colon cancer?

- Be physically active-30 minutes of exercise or activity each day.
- Eat a diet rich in whole grains, fiber, fruits, and vegetables. Avoid fatty foods and excess alcohol.
- Know your family cancer history.
- If you are over 50 or have a family history/ syndrome of colorectal cancer, get screened yearly. Screening tests are very effective at improving early detection and reducing mortality from this disease.

What are the screening tests for colon cancer?

- Fecal occult blood testing (FOBT) is a chemical test for blood in the feces. Blood may be a sign of precancerous growth or cancer. It is recommended yearly after age 50, or for people at high risk.
- Flexible sigmoidoscopy is a hollow, lighted tube inserted in the rectum to detect growths in the lower section of the colon where most tumors appear. It is recommended every 5 years after age 50 or for high risk.
- Digital rectal examination is an exam by a doctor, but only detects tumors near the anus.
- Colonoscopy also uses a hollow, lighted tube to inspect the entire colon. It is recommended every 10 years or as follow-up to a positive screening.
- Double-contrast barium enema is a test in which you drink a special liquid then have an x-ray to examine the wall of the colon. It is recommended every 5-10 years or as follow-up to a positive screening.

For more information, contact:

Cancer Information Service

Phone: 800-4-CANCER

Internet: <http://cis.nci.nih.gov>

CancerNet™

Internet: cancernet.nci.nih.gov/

American Cancer Society

Phone: 800-227-2345

Internet: www.cancer.org

Contraception

What is the best birth control method for me?

That varies for each person, and depends on factors like your health, frequency of sexual activity, number of partners, and desire to have children in the future. Here are some options:

Abstinence (not having sexual intercourse) is the only 100% effective way to avoid pregnancy and sexually transmitted diseases (STDs), including AIDS.

The Pill (oral contraceptive) is the most popular form of reversible contraception in the U.S. It uses a combination of estrogen and progestin (female hormones) to suppress ovulation (the monthly release of an egg from the ovaries). Taken daily, the chance of becoming pregnant is very low. It does not protect against STDs, and is not recommended in women who smoke, or have a history of blood clots or breast or endometrial cancer.

The Male Condom prevents pregnancy by blocking the passage of sperm to the woman. The chance of becoming pregnant using a condom is about 14%. Except for abstinence, latex condoms are the most effective protection against HIV and other STDs.

The Female Condom works similar to the male condom in preventing the passage of sperm. The failure rate is a little higher, 21%. It may protect against STDs, but not as effectively as the male condom.

Norplant and Norplant 2 consist of matchstick-sized rods that are surgically placed under the skin in the arm, where they regularly release a contraceptive steroid. They are highly effective at preventing pregnancy, but do not protect against STDs.

DepoProvera is a shot taken every 3 months that uses progestin to prevent pregnancy. It is highly effective as birth control, but does not protect against STDs.

Minipills are taken daily and prevent pregnancy using progestin without estrogen. They are a good option for women who can't use estrogen. They are highly effective at preventing pregnancy but do not protect against STDs.

Emergency Contraception refers to a series of contraceptive pills taken within 72 hours of sexual intercourse to prevent pregnancy. It does not prevent STDs.

Intrauterine Device (IUD) is a T-shaped device inserted into the uterus by a health-care provider. It prevents fertilization and is a highly effective contraceptive, but offers no protection against STDs.

Diaphragms or Cervical Caps are available by prescription. They are used with spermicides, inserted in the vagina against the cervix to block the passage of sperm. The failure rates are about 20% and higher for women who have already had a child. Used with spermicides that contain nonoxynol-9, they may protect against gonorrhea and chlamydia.

Surgical sterilization is a permanent contraception for people who don't want children in the future. It does not protect against STDs.

For more information:

FDA Office of Consumer Affairs
Publication: *Protecting Against Unintended Pregnancy: A Guide to Contraceptive Choices*
Phone: 800-532-4440
Internet: www.fda.gov/fdac/features/1997/397_baby.html

FDA Office of Consumer Affairs
Publication: *Consumer-Friendly Birth Control Information-Pregnancy Rates for Birth Control Methods*
Phone: 800-532-4440
Internet: www.fda.gov/fdac/features/1997/conceptbl.html

The National Women's Health Information Center: 1-800-994-WOMAN

Cosmetic Safety

If you use makeup, here are some safety tips to help you avoid injury or irritation from using cosmetics.

Never drive and apply makeup! Not only does it make for dangerous driving, but also hitting a bump in the road and scratching your eyeball can cause serious injury, infection, and even lead to blindness.

Watch for allergic reactions. Nearly 1/4 of people surveyed by the Food and Drug Administration in 1994 said they had suffered an allergic reaction to makeup, including moisturizers, foundations, and eye shadows. If you see any redness or irritation, stop using the makeup at once,

Don't share makeup, you'll only share germs. Always use a new applicator when sampling or applying a product.

Never add liquid to a product to bring back its original consistency, you may just be adding germs to your makeup.

Follow the instructions on the label.

Remember that "natural" doesn't necessarily mean safe, pure, or clean.

Throw away makeup if it changes color or smells bad.

Do not use eye makeup if you have an eye infection, and throw away anything you were using when the infection started.

Keep makeup out of sunlight and heat that can degrade the preservatives.

Keep makeup containers tightly closed when not in use.

Never use an aerosol near heat or while smoking. They can catch on fire.

Don't inhale hairspray or powders. Inhaled regularly, they can damage your lungs.



For more information:

Call the **FDA Cosmetics and Colors Automated Information Line** for information on how to report an adverse reaction to a cosmetic:
Phone: 800-270-8869
Internet: www.fda.gov

You can obtain more information about cosmetics from the **FDA's Office of Consumer Affairs**
Phone: 888-463-6332
Internet: www.fda.gov

Depression

Your mental health is as important as your physical health. If you suffer from depression, you should know that (A) you are not alone, and (B) like other illnesses it can be treated successfully.

What is depression?

Depression is a real illness, not just a state of mind. It affects over 17 million Americans and is twice as common in women than men.



What are the symptoms of depression?

If several of these symptoms last more than two weeks, see a doctor:

- Persistent sad, anxious, or empty mood
- Loss of interest or pleasure in activities, including sex
- Restlessness, irritability, or excessive crying
- Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- Sleeping too much or too little
- Loss of appetite or weight, or overeating and weight gain
- Loss of energy, feeling slowed down or tired
- Thoughts of death, suicide, or suicide attempts
- Difficulty concentrating, remembering, or making decisions
- Persistent physical problems that don't respond to treatment, such as headaches, digestive problems and pain

What should I do if I think I may have depression?

- Talk to a doctor or other health or mental health professional
- Choose a treatment professional and approach
- Consider yourself a partner in treatment, and be an informed consumer
- If you are not comfortable or satisfied after 2 to 3 months, discuss it with your provider. You may need another treatment or provider
- If you experience a recurrence, don't shy away from seeking help again

What are the treatments for depression?

The most common treatments are antidepressant medication, psychotherapy, or a combination of both. Medication may help relieve physical symptoms quickly, while psychotherapy allows you to learn more effective ways of handling problems.

For more information, contact:

National Institute of Mental Health

Phone: 800-421-4211

Internet: www.nimh.nih.gov

National Depressive and Manic-Depressive Association

Phone: 800-826-3632

Internet: www.ndmda.org

National Alliance for the Mentally Ill

Phone: 800-950-6264

Internet: www.nami.org

Diabetes

What is diabetes?

Most of the food we eat is turned into glucose (a sugar) that our body uses for energy. The pancreas, an organ near the stomach, makes insulin to help glucose get into the cells of our body for growth and energy. With diabetes the pancreas either doesn't make enough insulin or the body can't use the insulin properly, causing glucose to build up in the blood, overflow into the urine and be carried out of the body, instead of being used by the cells.

If blood sugar levels get too high or too low, they can lead to a potentially life-threatening emergency. Over the long term, diabetes can lead to damage to the eyes, heart, blood vessels, kidney, feet and legs, and nerve endings. It can also lead to pregnancy complications and birth defects.

What are the different types of diabetes?

Insulin-dependent (Type I or juvenile) diabetes: an autoimmune disease where the body's immune system attacks its ability to produce insulin. People with this condition need daily injections of insulin to live. They also need to follow a strict diet and monitor their blood sugar levels.

Noninsulin-dependent (Type II or adult-onset) diabetes: develops usually after age 40, particularly in people who are overweight. Other risk factors include lack of physical activity, family history of diabetes, gestational diabetes, impaired glucose tolerance, and being Native American, Native Hawaiian, African American, or Mexican American.

Gestational diabetes: appears in pregnancy and usually disappears afterwards. Women with gestational diabetes need to be followed closely during pregnancy. They are also at greater risk of developing Type II diabetes later in life.

Can diabetes be cured or treated?

There is not cure for diabetes so far. However, the more it is controlled with diet, exercise, weight control, and regular monitoring of blood sugar levels, the greater the chances of reducing complications. If you have diabetes, your treatment plan should meet your individual medical, social, and lifestyle needs. The goal will be to keep your blood sugar levels as close to normal as possible.

For more information:

National Diabetes Education Program

Phone: 800-438-5383

Internet: www.niddk.nih.gov/health/diabetes/ndep/facts.htm

National Institute of Diabetes and Digestive and Kidney Diseases

Phone: 800-GET-LEVEL

Internet: www.niddk.nih.gov

National Diabetes Information Clearinghouse

Phone: 301-654-3327

Internet: www.niddk.nih.gov/health/diabetes/ndic.htm

American Diabetes Association

Phone: 800-232-3472

800-ADA-ORDER to order publications

800-DIABETES for diabetes information

Internet <http://diabetes.org>

Domestic Violence

Here are some important things you should know about violence against women:

It can happen to anyone. Violence against women crosses all ages, skin colors, religious backgrounds, levels of income, and levels of education.

It's far more common than most people think. National surveys indicate that as many as 20-30 percent of American women are physically or sexually abused at some point during their life—usually by someone they know.

If you are being abused, know that it's not your fault! There may be many different causes for violence, but the blame certainly does not lie on the shoulders of the victim.

Alcohol and drug abuse are often involved in cases of domestic violence. Over half of the defendants accused of murdering their spouses and nearly half of the victims of spousal murders were drinking at the time of the attack.

The root causes of men's violence against women include issues of power and control, having grown up in a cycle of violence and abuse, and having a distorted sense of manhood.

Other factors can contribute to men's violent behavior, such as poverty, unemployment, underemployment, hopelessness, despair, lack of housing, displacement, racism and injustice, or alcohol and substance abuse.

Am I being abused? If you answer YES to any of these questions, don't stay silent. Go find help from a friend, the police, a violence hotline, or someone you trust.

Does your partner ever:

- ☐ Keep you from going out
- ☐ Keep track of your time and every move
- ☐ Tell you not to talk to other people
- ☐ Keep control of all money matters and make you account for each penny you spend
- ☐ Humiliate you in front of others
- ☐ Break or damage property, including sentimental objects
- ☐ Keep you from seeing friends or family
- ☐ Hit, kick, punch, slap, or bite you or the children
- ☐ Threaten to hurt you or the children
- ☐ Force you or the children to have sex
- ☐ Use or threaten to use a weapon against you or the children
- ☐ Get angry when drinking or using drugs
- ☐ Constantly accuse you of being unfaithful
- ☐ Constantly accuse you of making him angry

For more information, contact:

If you or someone you know is affected by domestic violence, there's help. Contact the **confidential National Domestic Violence Hotline (Linea Nacional sobre la Violencia Domestica)**
Phone: 800-799-SAFE
TDD: 800-787-3224
Internet: www.ndvh.org.

Drug Abuse

Isn't drug abuse mainly a problem for men?

No. Nearly 4 million women in the U.S. use illegal drugs, and more than 1 million misuse prescription drugs for nonmedical reasons. The age at which girls are starting to experiment with drugs has gone down over the past 20 years. Unfortunately, the younger they start, the more likely they are to be addicted to drugs as an adult.

What are the health affects of drug abuse on women?

- Poor nutrition, and below-average weight
- Low self-esteem
- Depression
- Risk of physical and sexual abuse
- If pregnant, risk of preterm labor
- Serious medical and infectious diseases (like high blood pressure, increased heart rates, sexually transmitted diseases, HIV/AIDS)

Why do some women refuse to get treatment for their drug abuse?

Many drug-using women do not seek treatment because they are afraid. They are afraid of losing their children, they are afraid of retaliation from their spouses or boyfriends, they are afraid of being sent to jail. Most women who abuse drugs have been sexually or physically abused, often when they were children.

Can drug treatment work for women?

Yes. Treatment can work. Generally the longer the treatment, the better the results. Treatment is also more effective if it is tailored to each woman's individual medical and psychological needs. The best programs for women also meet their other needs, too, such as food, clothing, shelter, child care, transportation, social services, job training, mental health care, and legal services. After completing a drug treatment program, women also need services to assist them in sustaining their recovery and in rejoining the community.

Where can I get help?

The National Drug Information, Treatment, and Referral Line is free and confidential. Phone: 800-662-HELP or 1-800-66-AYUDA (Spanish). The hours are 9 a.m. to 3 a.m. (Monday-Friday) and 12 noon to 3 a.m. (Saturday-Sunday). Internet: www.drughelp.org

For more information on substance abuse:

Center for Substance Abuse Prevention
Phone: 301-443-0365
Internet: www.samhsa.gov/csap/index.htm

National Clearinghouse for Alcohol and Drug Information
Phone 800-729-6686
Internet: www.health.org

Girl Power! Campaign (giving girls ages 9-14 positive alternatives to drug and alcohol use)
Phone: 800-729-6686
Internet: www.health.org/gpower

Eating Disorders

Most of us eat too much or too little from time to time. But when it happens regularly, it may be a sign of an eating disorder. There are three major types:

Binge eating disorder—where someone frequently eats large amounts of food, even when not hungry. It's probably the most common eating disorder. Binge eaters generally feel unable to control their eating, may eat alone to hide it, and may feel depressed or disgusted after overeating. Most people with this disorder are obese, have tried to diet, are very distressed by their binge eating, and often have a history of depression.

Many binge eaters try unsuccessfully to control it on their own. Professional treatment for binge eating disorder usually focuses on changing eating behaviors and responses to stress or relationships through therapy and self-help groups. Dieting is often unsuccessful if the binge eating isn't treated first. Some binge eaters find relief from antidepressant medications.

Bulimia nervosa—involves a routine of periodic binge eating followed by repeated behaviors to rid the body of calories (vomiting, laxatives, excess exercise). People with bulimia have a distorted view of their body, and assign an overly high degree of importance to their body shape. People with bulimia may damage their heart muscle, as well as their teeth and esophagus.



Anorexia nervosa—a form of self-starvation due to an irrational fear of being fat, although already underweight. People with anorexia have a distorted view of their own body and either simply do not eat enough, or eat then purge by misusing laxatives, forcing themselves to vomit, or exercising obsessively. This type of starvation can lead to a lack of menstrual periods, lower metabolism, thyroid problems, anemia, reduced muscle mass, swelling of joints, and heart problems. Left untreated, it can lead to death.

Treatment for anorexia and bulimia frequently includes a restructuring of eating habits and diet, treatment for physical symptoms, psychotherapy, and medication—especially antidepressant medication since depression seems to be linked with anorexia and bulimia. Long-term treatment is critical, because relapse rates can be as high as 50%.

For more information, contact:

Weight-control Information Network
Phone: 800-WIN-8098
Internet: www.niddk.nih.gov/health/nutrit/win.htm

National Women's Health Information Center
Phone: 800-994-Woman
TDD: 888-220-5446
Internet: www.4woman.gov/bodyimage

Eating Disorders Awareness and Prevention
Phone: 800-931-2237
Internet: www.edap.org

The National Women's Health Information Center: 1-800-994-WOMAN

Exercise

Don't think of yourself as athletic? Don't think you look good in lycra? Don't worry. If you can build up as little as 30 minutes of physical activity each day, you can seriously improve your health, your looks, and your attitude. Physical activity lowers your risk of heart disease, stroke, cancer, diabetes, hypertension, osteoporosis, and back pain. It also improves strength and endurance, helps maintain healthy bones and muscles, helps control your weight, and improves your mood.

To help make a habit of regular physical activity:

- Gradually increase the time and pace of your activities
- Choose activities you enjoy and that fit your personality and lifestyle
- Exercise regularly, it becomes a habit
- Remember comfort and safety—choose appropriate clothing, locations, and weather conditions
- Vary your activities so you don't get bored
- Don't give up if you have to miss a few days
- Encourage family and friends to join and support you
- Challenge yourself and celebrate your successes



How can you be more active each day?

- ✓ Take a walk
- ✓ Use the stairs
- ✓ Ride a bike
- ✓ Do housework
- ✓ Go dancing
- ✓ Walk the dog
- ✓ Work in the yard or garden
- ✓ Play actively with your children
- ✓ Get off the bus one or two stops early and walk the rest of the way
- ✓ Park farther away from the store or office
- ✓ At work, use a restroom on a different floor
- ✓ Combine quality time with your family and friends with physical activities you enjoy. (Play pickup ball games, plan trips and outings that include activities like hiking, swimming, dancing, or skiing)

For more information, contact:

Weight-control Information Network,
Phone: 800-WIN-8098
Internet: www.niddk.nih.gov

National Institute on Aging
Phone: 800-222-2225
Internet: www.nih.gov/nia
(free publication on Exercise and the Elderly)

Eye Care

What can I do to help keep my eyes healthy?

- ☞ Get an eye exam every 1-2 years. The eye doctor should test your vision, your glasses or contacts, and your eye muscles. He or she should also put drops in your eyes to enlarge your pupil—this is the only way to check for eye diseases that have no early signs or symptoms. Early detection of eye problems can help prevent more serious problems, even blindness.
- ☞ See a doctor once a year if you have diabetes or a family history of eye diseases like cataracts, glaucoma, and retinal disorders.
- ☞ See an eye doctor right away if you have eye pain, double vision, fluids coming from your eye, or redness or swelling of your eye or eyelid.
- ☞ Wear protective eye gear when using power tools and machines, or playing sports using balls or racquets.
- ☞ Wear sunglasses.
- ☞ If you wear contact lenses, clean, disinfect, and store them according to directions.
- ☞ If you wear eye makeup, avoid injury and never apply it when you are driving or riding in a moving vehicle. To avoid eye infections, remove eye makeup at night. Never share makeup. Keep makeup away from high heat or cold, and replace it as often as recommended in the directions to help keep it free of germs.



Are there any special eye concerns for women?

Yes. Along with the need to use eye makeup safely, women are also exposed to vision changes related to changes in their female hormones. Pregnancy, menopause, and even changes in the menstrual cycle can cause changes in vision, dry eyes, or make it uncomfortable to wear contact lenses. In most cases, these changes are temporary.

If you develop diabetes during pregnancy or later in life, it is important to get regular prenatal care and eye exams. Blurred vision may be a sign of high blood sugar levels or high blood pressure.

If you have gone through menopause or have a personal or family history of heart disease you may have a higher risk of heart disease. If you are also being treated for glaucoma, your medication may also increase your heart disease risk. Ask your doctor.

For more information, contact:

National Eye Institute

Phone: 301-496-5248

Internet: www.nei.nih.gov

National Institute on Aging Information Center

Phone: 800-222-2225

TDD: 800-222-4225

Internet: www.nih.gov/nia

Fibroids

What are fibroids?

Fibroids are lumps of smooth muscle cells and connective tissue that grow in the wall of the uterus (womb). They can grow singly or in clusters. They may grow within the wall, stick out of the uterus, or grow into the uterus. Fibroids can be as small as a seed or pea or as large as a grapefruit.

It is also important to understand what fibroids are not. Although fibroids are called “tumors,” they are not cancer, they virtually never develop into cancer, and they do not increase your risk of developing cancer of the uterus.

What causes fibroids?

No one knows what causes fibroids, and there do not seem to be any particular risk factors. They are very common – affecting 1 woman in 5 who has not gone through menopause. Fibroids generally occur in women of reproductive age. They are 2 to 3 times more common in African American women. They usually stabilize or shrink after menopause.

What are the symptoms of fibroids?

Most do not cause any symptoms and don't require treatment. Some women feel pain during menstruation, bleeding between periods, a feeling of fullness in the lower abdomen, pressure on the bladder, pain during sexual intercourse, or lower back pain.

What is the treatment for fibroids?

Watchful waiting may be all you need if your fibroid is small and you do not have any symptoms. Until recently, many doctors recommended hysterectomy (surgical removal of the uterus) for large fibroids. Today, doctors are increasingly recommending other options, such as watching and waiting, painkilling medications, hormonal treatments to control fibroid growth, or surgical removal of the fibroid.

*** Remember, all treatments have risks and benefits. To make an informed choice, be sure to discuss with your doctor the risks and benefits of your treatment options.**

For more information, contact:

Agency for Health Care Policy and Research

Phone: 800-358-9295

Internet: www.ahcpr.gov/consumer/uterine1.htm

American College of Obstetricians and Gynecologists

Phone: 202-638-5577

Internet: www.acog.org

National Institute of Child Health and Human

Development

Phone: 800-370-2943

Internet: www.nih.gov/publications/pubs/uterinetoc.htm

Foot Care

In the name of fashion, most American women regularly shove their feet into ill-fitting shoes. Here are some tips to help you avoid foot pain and ill-fitting shoes:

- ◆ Stand on the floor barefoot next to a pair of your shoes. Notice the difference in width between the widest part of your foot and the widest part of your shoe.
- ◆ Place your bare foot on a piece of paper and trace the outline. Measure the width at the widest spot. Measure your shoe at the widest spot. Your shoes should be no more than 1/2 inch more narrow than your foot at their widest points.
- ◆ If you are wearing athletic shoes, they should be the same width as your foot.
- ◆ When you are buying shoes, always try them on later in the day when you've been walking or standing around.
- ◆ Select shoes that are shaped like your feet, wide in front and narrow at the heel. Judge the fit by how it feels and not by the size marked on it. Don't expect a shoe to stretch.
- ◆ Choose shoes with heels that are no more than 2 1/4 inches high. If you must wear high heels, keep them for special occasions, don't wear them more than 3 hours at a time, and take them off whenever you can. Pick a shoe with rounded or square toes and made of a material that will give.

Feet Facts:

- ◆ 80% of American women admit they have foot pain while wearing shoes.
- ◆ 76% of American women have foot deformities like bunions and hammertoes.
- ◆ 88% of American women wear shoes that are smaller in width than their feet.
- ◆ Women are 9-times more likely than men to have foot problems.
- ◆ Each one of your feet contains:
 - 26 bones**
 - 33 joints**
 - 107 ligaments**
 - 19 muscles and tendons**
- ◆ The average person takes 8,000 to 10,000 steps each day

Hair Care

Whether it's spiked, straightened, colored, or cut short, our hair is a big part of our personal image. As a result, things like going bald, going gray, or just plain bad hair days can be a source of great anxiety.

Just what determines how hair grows and what color it is?

Hair is made up of cells that are woven together like a rope. It grows from hair follicles (little holes in the skin). The color of your hair is formed by melanocytes (cells that produce pigment). When those cells stop producing pigment, your hair turns gray or white.

Although it seems like the hair on your head is always growing, it actually has an active and a rest phase. The growth phase lasts 2 to 6 years and the rest phase only 2 to 3 months. When the rest phase is over, the hair falls out and a new one begins to grow. Generally, about 90 percent of your hair is in the growth phase.

What can I do about hair loss?

The best plan is to learn to live with it and get a good hair cut. Other options include medication (Rogaine), hair replacement surgery, hair weaves/additions, or hair perms to give more volume. Most products that claim they make hair thicker don't work.

The best plan is to learn to live with it and get a good hair cut. Other options include medication (Rogaine), hair replacement surgery, hair weaves/additions, or hair perms to give more volume. Most products that claim they make hair thicker don't work.

I feel like I'm going bald. Am I crazy?

No, baldness is a real problem for women, too, and affects 20 million women nationwide. Unlike men who usually develop bald spots, women's hair tends to thin out evenly over the whole head.

Generally, we lose 20-100 hairs a day, and they are replaced with new growth. Hair loss occurs when you lose more than 100 hairs each day or when the ones you lose are not replaced. In about 95 percent of cases, people inherit the tendency for baldness from either their mother or father. In women, it is most common after menopause, but may occur much earlier.

You may experience temporary hair loss from causes like extreme nutritional deficiency, major physical or emotional stress, a very high fever, medical conditions like lupus or thyroid disease, drops in estrogen after pregnancy or when stopping birth control pills, chemotherapy, or other medications.

For more information, contact:

Food and Drug Administration

Phone: 888-INFO-FDA

Internet: www.fda.gov

Weight-Control Information Network

Phone: 800-WIN-8098 (free brochure on "Hair Care Tips for Black Women on the Move")

American Hair Loss Council

Phone: 312-321-5128

1-888-873-9719

Internet: www.ahlc.org

Headaches and Migraines

What is the difference between a headache and a migraine?

Both are types of headaches. What we generally think of as a headache is called a tension-type headache, where you feel a dull, achy, pain-like pressure on the head or neck. Some people, mainly men, get very painful headaches usually around one eye. They are intense, but last only an hour or two, and are called cluster headaches.

Migraines produce throbbing pain on one or both sides of the head for 4 to 72 hours. Symptoms may also include nausea, vomiting, sensitivity to light or noise, fever, chills, flu-like aches, and sweating. Some migraine sufferers experience flashing lights, zigzag lines, bright spots, loss of vision, or numbness or tingling in the hand, tongue, or side of the face. Unlike tension headaches, migraines often interfere with daily activities, forcing sufferers to stop what they are doing and lie down. Migraines are more common in women than men.

How do you treat a headache?

For many people, the best relief is over-the-counter pain medicine, like aspirin, ibuprofen, or acetaminophen. Antidepressants can be effective for stress-related headaches. Muscle relaxants may help chronic tension headaches.

How do you treat a migraine?

Treatments include: drug therapy, biofeedback training, cold packs, reducing stress, and avoiding triggers such as certain foods, alcohol, changes in weather, cigarette smoke, medications, hormonal changes, high altitudes, bright lights, loud noises, or strong smells. Regular exercise can help reduce the frequency and severity of migraines. It also helps to recognize the signs of an oncoming migraine and treat it early with medication.

For more information, contact:

National Headache Foundation
Phone: 888-NHF-5552
Internet: www.headaches.org

Should you call a doctor for headaches?

Headaches can be a sign of illness, ranging from something as simple as the flu to rare conditions like a tumor.

Call your doctor if your headaches are:

- ✓ Chronic (or occurring repeatedly, especially in children)
- ✓ More severe and different from past ones, or worsen over time
- ✓ Triggered by exertion, coughing, or bending
- ✓ Associated with convulsions
- ✓ Linked with a stiff neck and fever, or pain in the eyes or ears
- ✓ Accompanied by disturbed vision or speech; numbness, tingling, or weakness in part of your body
- ✓ Making it hard for you to think and remember
- ✓ Causing severe vomiting
- ✓ The result of a head injury

Healthy Aging

“It’s not your age that counts, it’s how you handle it”

During the course of the 20th century the average life expectancy for American women increased by 30 years. During the course of the 21st century, we can expect to continue to live longer and even healthier lives. But to truly enjoy these new bonus years of life, we must keep aware of the connection between behaviors and health choices we make throughout our lives and their impact on our long-term health and well-being.

Here are 10 tips to help improve your chances of leading a long and healthy life:

1. Eat a balanced diet, including at least 5 fruits and vegetables each day, plenty of grains and fiber, and lots of calcium-rich foods (dairy products, broccoli, tofu, canned sardines/salmon).
2. Be physically active—30 minutes each day of activities like walking, dancing, yoga, gardening, playing golf—go a long way in keeping both mind and body in good shape.
3. Get regular preventive checkups.
4. Don’t smoke. If you do, know that it’s never too late to quit.
5. Be safe—always wear your seatbelt and bike helmet; use smoke and carbon monoxide detectors in your home; use street smarts; use medicines wisely, follow directions and ask your doctor or pharmacist about side effects and drug interactions; keep your home well-lit and free of things that could make you fall; keep your bones and muscles strong with regular activity.
6. Avoid getting too much sun, getting too hot or too cold.
7. If you drink alcohol, use moderation (1 glass a day for a woman)
8. Keep your personal and financial records in order. Plan for your long-term housing and money needs.
9. Stay in touch with family and friends. Be involved in your community.
10. Keep a positive attitude and do things that make you happy.



For more information, contact:

National Institute on Aging Information Center

Phone: 800-222-2225
TDD: 800-222-4225
Internet: www.nih.gov/nia

American Association of Retired Persons (AARP)

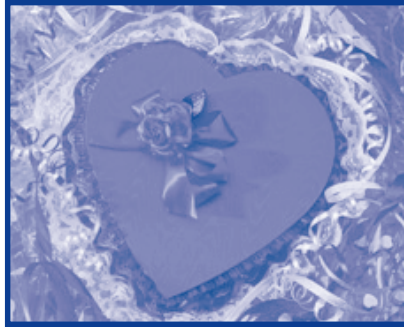
Phone: 800-424-3410
Internet: www.aarp.org

Older Women’s League (OWL)

Phone: 800-TAKE-OWL
Internet: members.aol.com/owlil

Heart Disease

Heart disease is the #1 killer of American women. It affects one of every ten women ages 45 to 64 and one of every five over age 65.



Here's what you can do for your heart today!

- ♥ Quit Smoking
- ♥ Avoid fads and diet pills; they don't work long-term
- ♥ Don't drink more than one glass of alcohol a day
- ♥ Get Moving. 30 minutes of physical activity a day helps takeoff extra pounds, helps control high blood pressure and boosts good cholesterol
- ♥ Get your blood pressure and cholesterol levels checked regularly
- ♥ Control your weight
- ♥ If you have diabetes, monitor and control your blood sugar levels
- ♥ Cut down on salt. Use herbs, spices, and lemon juice instead
- ♥ Talk to your doctor about your heart disease risks and your family's heart disease history
- ♥ Eat a diet rich in fruits, vegetables, and grains and low in saturated fat and cholesterol
- ♥ Stay informed about your health

For more information, contact:

**Heart Health Toll-Free
Information Line**
800-575-WELL

**National Heart, Lung, and
Blood Institute**
Phone: 800-575-9355
Internet: www.nhlbi.nih.gov

American Heart Association

Phone: 888-MY-HEART or
800-AHA-USA1
Internet: www.women.americanheart.org

HIV / AIDS

Why should I worry about HIV/AIDS?

Women make up the fastest-growing group of people with AIDS—especially younger women and women of color. While the male to female proportion of AIDS cases is about 6:1 in adults, it is only 3:2 among adolescents.

What are the symptoms of HIV/AIDS in women?

Symptoms can include recurrent yeast infections, pelvic inflammatory disease, abnormal changes or precancerous cells in the cervical tissue, genital ulcers, genital warts, and severe herpes infections.

Is there any treatment or cure for HIV/AIDS?

There is still no cure for HIV/AIDS. The best treatment so far is a combination of prescription drugs to combat the HIV virus and illnesses that take advantage of the weakened immune system of people infected with HIV. As with other diseases, early detection offers more options for treatment and preventative care.

How can I reduce my risk of HIV infection?

Since there is no cure, AIDS prevention is particularly important. Most women become infected with the AIDS virus through unprotected sex or by using infected needles to inject drugs. The surest way to protect yourself against HIV is to abstain from sex and stay away from illegal drug use. If you are sexually active, it is critical to practice safe sex (using condoms).



If I'm pregnant and have HIV, will my baby have HIV, too?

Most babies born to HIV-infected women escape the virus. But some do become infected before or during birth or through breast-feeding. If you are pregnant, it's important to have an HIV test to know your status. If you are HIV positive, doctors may prescribe the drug Retrovir (AZT), which greatly reduces the chances that you will pass on the AIDS virus to your baby.

For more information, contact:

CDC National AIDS Hotline
Phone: 800-342-AIDS (English)
800-344-7432 (Spanish)
TDD: 800-243-7889

CDC National AIDS Clearinghouse
Phone: 800-458-5231
TDD: 800-243-7012
Internet: www.cdcnpin.org

HIV/AIDS Treatment Information Service
Phone: 800-448-0440
TDD: 888-480-3739
Internet: www.hivatis.org

High Blood Pressure (Hypertension)

You may be surprised if your doctor says you have high blood pressure, because it does not cause symptoms and you can have it even though you feel fine. But high blood pressure is a serious condition that can lead to stroke, heart disease, kidney failure, and other health problems. The good news is that there are simple ways to control it.

What is high blood pressure and how do you measure it?

A blood pressure reading measures the force of blood pumped from the heart against the walls of your blood vessels. To test blood pressure, a doctor or nurse places a cuff around your arm above the elbow, pumps air into the cuff, and then reads the measurements as the air is let out. The test is painless and takes only a few minutes. You should have your blood pressure tested every year.

Blood pressure readings are given in two numbers. Although the average blood pressure reading for adults is 120/80, a slightly higher or lower reading (for either number) may not be a problem. If your blood pressure goes above 140/90, however, that is considered high and some form of treatment—diet or drugs—may be needed. Lower blood pressure readings (for example, 110/70) are thought to be safe for most people.

What if just the first number is high?

Often in older adults the first number (the upper or systolic number) is high while the second (the lower or diastolic) number is normal. This condition is called isolated systolic hypertension and should be treated. Studies prove that lowering the systolic number cuts down on strokes and heart attacks in people age 60 and over.

For more information, contact:

National Heart, Lung, and Blood Information Center

Phone: 800-575-9355

National Institute on Aging Information Center

Phone: 800-222-2225

TDD: 800-222-4225

What causes high blood pressure?

Doctors think that many things combine to cause high blood pressure. Being overweight, drinking too much alcohol, and eating too much salt are risk factors, because they raise your risk of having high blood pressure. Some cases of high blood pressure are caused by other illnesses. This is called secondary hypertension, and it is often cured once the original medical problem is cured. Blood pressure goes up in all people during periods of stress or exercise. But avoiding stress will not prevent high blood pressure. You can have high blood pressure even though you are usually a calm, relaxed person.

How is high blood pressure treated?

If your case is mild, your doctor may suggest that you lose weight and keep it off, eat less salt, cut down on alcohol, and get more exercise. You may bring your blood pressure down simply by following this advice. Even if medicine is needed, these daily habits may help it work better.

How can I lower my risk of having high blood pressure?

- * Try to keep your weight under control
- * Cut down on salt intake
- * Be physically active at least 30 minutes each day
- * If you drink alcohol, exercise in moderation (1 glass of alcohol a day for a woman)

Publication: "Controlling High Blood Pressure: A Woman's Guide"

Internet: http://www.nhlbi.nih.gov/health/public/heart/hbp/hbp_wmn.htm

The National Women's Health Information Center: 1-800-994-WOMAN

Hysterectomy

What is a hysterectomy?

A hysterectomy is an operation that involves removing the uterus (womb). Sometimes, the cervix and/or ovaries and fallopian tubes are also removed. A woman who has had a hysterectomy can no longer become pregnant. If her ovaries are removed she will no longer produce estrogen and will go through menopause. Hysterectomy is a major surgery that requires 3 to 5 days of hospitalization and at least 4 to 6 weeks of recovery.

Why do women get hysterectomies?

Cancer-Hysterectomy is recommended for treating cancer of the uterus and fallopian tubes (that connect the ovaries to the uterus). It may also be necessary in managing cancer of the colon, rectum, or bladder, or invasive cervical cancer.

Bleeding-Women who experience severe and life-threatening uterine bleeding following childbirth may undergo a hysterectomy. However, heavy bleeding during your menstrual periods may be a sign of an imbalance in the hormones that control the menstrual cycle, that you have uterine fibroids, or may indicate a bleeding disorder. Other treatments may be advised. Ask your doctor.

Infection-The usual treatment for infection in the uterus is medication. Hysterectomy is only recommended in cases of severe infection that do not respond to medication.

Fibroids-are noncancerous growths in or on the uterus. In the past hysterectomy was recommended when fibroids were very large (grapefruit-size), growing rapidly, or causing much pain. Today newer treatments to control or remove the fibroids offer an alternative to hysterectomy.

Uterine Prolapse-occurs when the uterus tilts or slips out of place, because of weak ligaments. Hysterectomy may be recommended if the uterus has dropped into the vagina.

Endometriosis-occurs when the same kind of tissue that lines the uterus grows elsewhere in the body. It can cause severe pain and abnormal bleeding, especially during your period. Treatments include medication and different types of surgery to remove the tissues. Hysterectomy, while sometimes recommended, may not cure endometriosis, unless the ovaries are removed, too.

Hyperplasia-This condition, thought to come from too much estrogen, is when the lining of the uterus becomes too thick and causes abnormal bleeding. It may be treated with hormone treatment or hysterectomy.

Chronic pelvic pain may be treated with hysterectomy when all other measures (medication, physical therapy, nutritional or psychological counseling, other surgery) have failed.

For more information, contact:

Agency for Health Care Policy and Research

Phone: 800-358-9295

Internet: www.ahcpr.gov/consumer/uterine1.htm or www.ahcpr.gov/research/hysterec.htm

National Women's Health Resource Center

Phone: 877-986-9472

Internet: www.healthywomen.org

American College of Obstetricians and Gynecologists

Phone: 202-863-2518

Internet: www.acog.org

Immunizations

Why should I worry about immunizations?

Shots aren't just for kids. In fact, some shots are more important for adults—especially as they grow older. Each year, 70,000 people die and many more suffer needlessly from vaccine-preventable illnesses. Here are important vaccines for adults:

Influenza (Flu Shot). Anyone over age 65 should get a flu shot each year. It is also recommended for pregnant women, and anyone with a chronic disease or reduced immune system.

Tetanus/diphtheria (combined as one shot). Adults should get a booster shot every 10 years, and if they receive a severe cut or puncture wound.

Pneumococcal (pneumonia). This protects against a bacteria that can cause pneumonia, blood infection, ear infections, or a form of meningitis (brain infection). One dose is recommended for anyone over age 65, anyone with a chronic illness, weak immune system, and some Alaska Native and American Indian populations.

Measles, Mumps, Rubella (combined as one shot). Anyone who has not had one of these illnesses should be vaccinated. All three can cause miscarriage or birth defects if caught during pregnancy. Get vaccinated at least 3 months before becoming pregnant.

Chicken Pox. Adults who get chickenpox are at much greater risk of complications or death than children.

Hepatitis A. This 2-shot series is recommended for anyone who may be exposed to someone with the disease, or travelers to countries where the virus is common in areas of Africa, Asia, the Caribbean, Central and South America, Eastern Europe, the Mediterranean Basin, and the Middle East.

Hepatitis B. This 3-shot series is now recommended for all children and adolescents. It is also recommended for adults who may be exposed to the virus through sexual activity, injected drug use, contact with infected blood, contact with infected persons, or exposure to areas where it is very common such as Alaska, the Pacific Islands, Asia, Eastern Europe, the Middle East, and the Amazon Basin.

Other vaccines may be recommended if you are travelling to certain parts of the world. Contact the **CDC information line for international travelers**
Phone: 877-394-8747
Internet: www.cdc.gov/travel

For more information, contact:

CDC National Immunization Program

Phone: 800-232-0233
Internet: www.cdc.gov/nip

Spanish immunization hotline

Phone: 800-232-2522

English immunization hotline

Phone: 800-CDC-SHOT

Liver and Kidneys

What does the liver do?

The liver carries out many important functions: it stores vitamins and nutrients until they are needed, changes food into energy, makes bile, filters alcohol and poisons from the blood, produces a blood protein (albumin) needed for proper fluid balance in the body, and makes clotting factors to plug up damaged blood vessels. It is a hearty organ that can repair much damage to itself, but not all.

What are common liver diseases?

Hepatitis (inflammation of the liver) can be caused by viruses and other germs or exposure to toxins like alcohol, drugs, or chemicals. Autoimmune disorders, problems with blood flow, or with metabolism can also affect the liver's functioning. **Cirrhosis** is an irreversible scarring of the liver generally caused by chronic alcoholism or chronic hepatitis. **Liver cancer** is often associated with cirrhosis or hepatitis, and is often fatal because it tends to be detected late, when the disease is already well advanced.

What do the kidneys do, and what happens when they don't work properly?

Healthy kidneys clean the blood by filtering out extra water and wastes. They also make hormones that keep your bones strong and blood healthy. When both of your kidneys fail—due to complications from diabetes, high blood pressure, or kidney disease—your body holds fluid. Your blood pressure rises. Harmful wastes build up in your body. Your body doesn't make enough red blood cells. When this happens, you need treatment to replace the work of your failed kidneys.

What are the treatments for kidney failure?

The two main treatments for kidney failure are dialysis and kidney transplantation. Dialysis involves using a machine or special catheters and filters to replace the function of the kidneys and clean the blood regularly. Kidney transplantation involves placing a healthy kidney from another person into the patient's body. This one new kidney does all the work that the two failed kidneys cannot do.

For more information, contact:

National Kidney and Urologic Disease Information Clearinghouse
Phone: 301-654-4415
Internet: www.aoa.gov/aou/dir/175.html

American Kidney Fund Helpline
Phone: 800-638-8299
Internet: www.akfinc.org

American Liver Foundation
Phone: 800-GO-LIVER
Internet: www.liverfoundation.org

National Kidney Foundation
Phone: 800-622-9010
Internet: www.kidney.org

Lung Cancer and Breast Cancer

Breast cancer is the most commonly diagnosed cancer among American women, but lung cancer causes the most cancer deaths. Here are some things you should know about both diseases:

What are the risk factors for developing breast cancer?

Any woman can get breast cancer. The risk increases as you get older, and if you have a family history of cancer, have never had children, had your first child after age 30, began your period before age 12, or completed menopause after age 55. Being obese or drinking heavily may also increase your risk.

What are the risk factors for developing lung cancer?

Smoking is the biggest risk factor, responsible for 87 percent of lung cancer cases. Exposure to secondhand smoke or asbestos also increases the risk.

What can I do to lower my risk of these diseases?

- Don't smoke! And if you do, quit. Stay away from smoke-filled places, too.
- Do monthly self-breast exams. Get regular breast exams by a doctor or nurse, and a mammogram every 1-2 years if you are over age 40 or at special risk.
- See your doctor if you have these symptoms: a persistent cough, chest pain, weight loss and/or decreased appetite, bloody phlegm, shortness of breath, hoarseness, a fever for an unknown reason, or recurring lung infections like bronchitis and pneumonia.

How are these diseases diagnosed?

Lung cancer is detected by either a chest x-ray or CT scan of the lungs; a microscopic analysis of phlegm cells; or a bronchoscopy (lighted tube inserted in the lungs).

Breast Cancer is often found as a lump. Most lumps are found by women themselves, but mammograms can find them when they are smaller and possibly easier to treat.

What is the treatment for these cancers?

Treatment depends on your age, health, and the type and stage of the tumor. It may include surgery, chemotherapy, radiation, or a combination of two or more of these therapies.

For more information, contact:

National Cancer Institute's Cancer Information Service

Phone: 800-4-CANCER
TDD: 800-332-8615
Internet: <http://cis.nci.nih.gov>

National Action Plan on Breast Cancer

Internet: www.napbc.org

American Lung Association

Phone: 800-586-4872
Internet: www.lungusa.org

Medications

Modern-day medicines can help improve the quality of our lives, but they may have serious side effects, especially if they are not taken properly or combined with other over-the-counter drugs, prescription drugs, supplements, or natural remedies. Be an active partner in your own health care. Ask your doctor or pharmacist about your medications.

Here are some examples of questions you might ask:

- What is the name of the drug and what will it do?
- How often do I take it? For how long? When, before, during, after or between meals?
- What should I do if I forget to take it?
- What side effects should I expect?
- Are there other medicines, foods, drinks, or supplements that will interfere with how it works, or cause side effects?
- How should I store this medicine?
- If I don't take this drug, is there anything else that would work as well?

For more information

The **Food and Drug Administration's Office of Women's Health** has developed a new campaign to use medicines wisely called *Take Time to Care*. The campaign distributes materials and hosts events for consumers, pharmacists, and health care providers. To obtain a free brochure in English or Spanish
Phone: 888-878-3256
Internet: www.fda.gov/womens/ttc.html

For other information about medications and dietary supplements:
Phone: 800-532-4440
Internet: www.fda.gov

Prescription Medicines and You—A free guide available from the **Agency for Health Care Policy and Research Clearinghouse**
Phone: 800-358-9295
Internet: www.ahcpr.gov/consumer/ncpiebro.htm

Here are some safety DOs and DON'Ts when taking medication:

DO follow the exact dose and schedule prescribed by your doctor.

DO ask your doctor about any medication or supplement you are taking or want to take if you are pregnant, planning to become pregnant, or breast-feeding. Some medications may not be safe during these times.

DO ask your doctor or pharmacist how to take your medicine properly.

DO tell your doctor about past problems you've had with drugs (rashes, indigestion, dizziness, appetite loss).

DO keep a daily record of the drugs you are taking.

DO review your drug record with each of your doctors at each visit, and when any doctor prescribes a new medicine.

DO ask your pharmacist for large print if you can't read the label.

DO check the expiration date and throw out any expired medicines.

DO call your doctor right away if you have any problems with your medicine.

DO NOT stop taking a prescription drug unless your doctor says it's okay.

DO NOT take more or less than the amount prescribed.

DO NOT mix alcohol and medicine unless your doctor says it's okay.

DO NOT take drugs prescribed for someone else.

Menopause and Hormone Replacement Therapy

What is menopause?

Menopause is part of a gradual and natural process in which the ovaries produce less and less of the female sex hormones, estrogen and progesterone, and menstrual periods gradually disappear. Menopause generally occurs around age 50. Some women experience menopause at younger ages either due to premature ovarian failure, cancer therapy, or surgical removal of both ovaries.

What changes in my body should I expect with menopause?

Each woman experiences menopause differently. If you smoke, you may have more symptoms and at a younger age. Hot flashes—a sudden flush or warmth, often followed by heavy sweating then chills—are the most common symptom. Others can include vaginal dryness, vaginal or urinary tract infections, headaches, stiffness, anxiety, depression, sleep problems, and a decreased interest in sex. Some women experience improved mood and a feeling of liberation with menopause.

How can I treat the symptoms of menopause?

Your doctor may recommend hormone replacement therapy (HRT) to relieve your symptoms and to protect against the increased risk of heart disease, osteoporosis, and stroke that occur after menopause. However HRT may not be right for everyone. Talk to your doctor about the possible benefits, risks, and side effects.

Some women experience relief from menopausal symptoms with exercise and healthy eating—good habits for everyone regardless of age and stage of life.

What are the long-term changes that come with menopause?

With your body producing less estrogen, you are more at risk for some diseases. The risk of osteoporosis—a condition

where your bones become thinner, more brittle, and more easily broken—increases after menopause because of the decrease in estrogen. To protect yourself, be sure to get plenty of calcium, vitamin D, and regular weight-bearing exercise (like walking, dancing, and lifting weights).

Your risk of heart disease and stroke also increase after menopause, because you lose the protective effect of estrogen. Your cholesterol level may also begin to rise. It is especially important then to help reduce your risk with a healthy lifestyle that includes exercise and a good diet (low in fats and cholesterol, and high in fruits, vegetables, and grains).

Reduced estrogen may also lead to long-term vaginal dryness and a thinning of the vaginal tissues. It may also be associated with an increased risk of memory loss, even Alzheimer's disease. Some women have a harder time keeping off extra weight after menopause or experience thinning hair.

Are there risks associated with hormone replacement therapy?

Yes, there is an increased risk of breast cancer. To avoid the risk of cancer of the uterus doctors prescribe estrogen with progesterone. It may also increase the risk of blood clots and gallstones. Discuss your risk profile with your doctor.

For more information:

A free booklet on menopause is available from the **National Institute on Aging**
Phone: 800-222-2225

Internet:
www.nih.gov/health/chip/nia/menop/men4.htm

A free Menopause Resource Guide is available from the **HHS Office on Women's Health**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: www.4woman.gov

Nutrition

Why should I worry about my diet?

Food is one of the great pleasures in life, and at the center of many of our celebrations with friends and family. What's more, eating a healthy and balanced diet is one of the best things you can do for your body. Healthy eating really does reduce your chances of developing heart disease, cancer, obesity, osteoporosis, stroke, anemia, high cholesterol, and high blood pressure. It also gives you the energy to do the things you enjoy.



Should I take vitamin or mineral supplements?

Vitamins and minerals are essential to health and life. The best way to get them is by eating a balanced diet. You may need a vitamin/mineral supplement if you don't eat a balanced diet or take medications that interact with nutrients. If so, choose a multivitamin/mineral tablet with no more than 100 percent of the Recommended Daily Values. Too much can be harmful.

Tips for Healthy Eating

- ▲ Eat a variety of foods
- ▲ Balance the food you eat with regular physical activity to help reach or maintain a healthy weight
- ▲ Choose a diet low in fat, saturated fat, and cholesterol
- ▲ Choose a diet with plenty of vegetables, fruits, and grain products
- ▲ Choose low-fat dairy products and other foods rich in calcium
- ▲ Use sugar, sweets, salt, and sodium only in moderation
- ▲ Drink alcoholic beverages only in moderation (1 drink per day for women)

What is a healthy diet?

A healthy diet combines a variety of foods from different food groups. The food guide “pyramid” can help you remember how to balance your meals.

How big is one serving?

Bread and Grains:

1 slice of bread; 1 ounce of cold cereal;
½ cup cooked cereal, rice, pasta, polenta
or other grains.

Fruit and Vegetable:

1 medium apple, banana, orange;
½ cup chopped, cooked, or canned fruit;
¾ cup fruit or vegetable juice;
1 cup raw leafy vegetables;
½ cup cooked or chopped raw vegetables.

Meats, Beans, Eggs, and Nuts:

2-3 ounces cooked meat, poultry, or fish;
½ cup cooked beans; 1 egg;
2 tablespoons peanut butter.

Milk, Yogurt, and Cheese:

1 cup milk or yogurt; 1½ ounces of
natural cheese; 2 ounces of processed
cheese.

Organ Donation

One of the miracles of the 20th century was the discovery of how to transplant organs and tissues from one person to another to improve and save lives. Unfortunately, the waiting lists for organs keep growing, and in 1998, 5000 people died waiting for an organ transplant.

Who can donate an organ or tissue?

Anyone over age 18 can sign up to donate organs or tissues. Your health, not your age, will decide on how good a donor candidate you are. If you are under age 18, you must have parent's or guardian's consent.

What organs and tissues can I donate?

The list of organs includes the kidneys, heart, liver, lungs, and pancreas. Some of the tissues that can be donated include: corneas, skin, bone, middle ear, bone marrow, connective tissues, and blood vessels.

Why should minorities be particularly concerned about organ donation?

First of all, you generally have a better chance of finding a genetic fit for organ donation with someone of your own race or ethnicity. If there are fewer donors among people of color, the waiting lists for people of color may be even longer. Secondly, some diseases of the kidney, heart, lung, pancreas and liver are more common in certain racial and ethnic populations, so the need for donor organs may be greater.

How do I become a donor candidate?

Fill out a donor card and carry it in your wallet. Let your family, your loved ones, your doctor, lawyer and religious leader know that you want to be an organ or tissue donor.

Will my family have to pay for the cost of my organ donation?

No. The donor's family neither pays for nor receives payment for organ and tissue donations.

If the hospital staff knows I am willing to be an organ donor, will it affect the quality of my medical care?

No. A transplant team does not become involved until other physicians involved in your care have determined that all possible efforts to save your life have failed.

For more information, contact:

Division of Transplantation, Health Resources and Services Administration

Phone : 301-443-7577

Internet: <http://organdonor.gov/govinks.htm>

Coalition on Donation

Phone: 804-330-8620

Internet: www.shareyourlife.org

National Minority Organ and Tissue Transplant Education Program

Phone: 800-393-2839

Internet: www.lifegift.org/mottep.htm

United Network for Organ Sharing Transplantation Information Site

Phone: 888-TXINFO1

Internet: www.unos.org/frame_default.asp

Osteoporosis

Isn't osteoporosis an old person's disease?

No, osteoporosis is in fact a pediatric disease with geriatric consequences. Literally, osteoporosis means "porous bones," a condition where the bones become brittle, weaker, and more likely to break. While the symptoms may not show until a woman is older, the root of the problem may stretch over her entire lifetime. Peak bone growth and development occur when we are children and teenagers. While good nutrition and behaviors are important then, they remain so throughout adulthood to help maintain healthy bones and prevent bone loss.

What can I do to help keep my bones healthy throughout life?

Get enough calcium. Most women don't get nearly the full amount of calcium they need each day: 1,500 mg. for teens; 1,000 mg. before menopause; 1,200-1,500 mg. during pregnancy and breast-feeding; 1,500 mg. after menopause for women who are not on hormone replacement therapy. (You also need vitamin D to help the body absorb calcium, but most women get enough from natural sunlight and supplements in milk.)

Get enough exercise. Any type of weight-bearing exercise (30 minutes a day) helps keep your bones and muscles strong and agile. Examples include anything where you support your own weight (walking, dancing, stairclimbing) or use free weights or weight machines.

Don't smoke. Smoking is associated with lower bone density and higher risk of osteoporosis.

Don't abuse alcohol. Alcohol is toxic to the cells that build bone. It also decreases levels of calcium, vitamin D, and estrogen in the body, so it can be harmful to bones in large doses.

Avoid skipping meals and extreme diets. They can rob your bones and body of the nutrients and hormones they need.

If you have gone through menopause, ask your doctor if you are a good candidate for **hormone replacement therapy**, which can help prevent bone loss.

Know your level of risk. You may be at higher risk if you are thin, small-boned, post-menopause, elderly, Caucasian or Asian, or have had to use thyroid hormone, antiseizure medicine, or cortisone-like drugs for asthma, arthritis, or cancer for an extended period. A bone density exam can help assess your risk level.

If you have osteoporosis, **get treated.** There are drug and hormone therapies to help preserve or increase bone mass, along with behavioral changes that can help. Ask your doctor.

For more information, contact:

Osteoporosis and Related Bone Diseases-National Resource Center

Phone: 800-624-BONE

Internet: www.osteoporosis.org

National Osteoporosis Foundation

Phone: 800-223-9994

Internet: www.nof.org

Over-the-Counter Pain Relievers

There are many effective pain relievers you can buy without a doctor's prescription. They come in many names, but generally contain one of three medicines: 1. aspirin (eg. Bufferin, Ascriptin, Ecotrin) 2. acetaminophen (eg. Tylenol, Datril, Anacin-3) or 3. ibuprofen (eg. Advil, Motrin, Nuprin).

What is the difference between aspirin, acetaminophen, and ibuprofen?

- Aspirin and ibuprofen reduce inflammation, acetaminophen doesn't
- Aspirin and ibuprofen are used to reduce the pain of swollen joints and other inflamed areas, acetaminophen isn't
- Aspirin and ibuprofen, but not acetaminophen, can irritate the stomach
- Aspirin and ibuprofen, but not acetaminophen, can affect blood clotting and may cause bleeding
- Aspirin may cause Reye's syndrome—a rare brain/liver disease—in children treated for viral diseases
- Ibuprofen may make existing kidney problems worse

Why Should I Take Nonprescription Medicines for My Pain?

In many cases, the nonprescription medicines are all you will need to relieve your pain, especially if you use them regularly.

For more information, contact:

National Cancer Institute Cancer Information Service

Phone: 800-4-CANCER

Internet: www.cancernet.nci.nih.gov/pain_control/paincont.html

Office of Consumer Affairs, Food and Drug Administration

Phone: 888-463-6332

Internet: www.fda.gov/opacom/catalog/aspirin.html

What are some of the other risks and benefits of these pain medications?

Beyond treating everyday aches, pains, and fevers, aspirin is also effective at reducing the risk of heart attack, stroke, and blocked arteries in people who have had a stroke, mini-stroke, heart attack, or blocked arteries. It can help reduce the risk of death or complications if taken during a stroke or heart attack.

However, aspirin is not recommended for people on certain anticancer, steroid, blood-thinning, arthritis, diabetes, or gout medications. Don't use aspirin if you have stomach ulcers, gout, a bleeding disorder, or are allergic to it. You should not use aspirin within two weeks before surgery. Ask your doctor or pharmacist.

Acetaminophen and ibuprofen rarely cause side effects, except with large doses every day for a long time. Either aspirin, acetaminophen, or ibuprofen can lead to complications in people who drink 3 or more alcoholic drinks a day.

Beware of hidden aspirin. If you need to avoid aspirin, read labels carefully, because many medications, like Excedrin, Alka-Seltzer and Coricidin, contain aspirin. Some prescription pain relievers, such as Percodan and Empirin Compound with Codeine, also contain aspirin. If you are not sure if your prescription contains aspirin, ask your pharmacist.

Pregnancy Planning and Care

Half of all pregnancies are unplanned, so whether or not you are planning on becoming pregnant, if you are fertile and sexually active, the time to adopt healthy habits is now.

Before you become pregnant:

You should consume 0.5 mg. of folic acid (present in bread, cereals, dark green vegetables, orange juice, and beans) each day. This helps prevent spine and brain birth defects that can occur early, before most women know they are pregnant. You should also make sure that if you haven't had chicken pox or Rubella (German Measles) that you are vaccinated at least 3 months before becoming pregnant. You may also want to be screened for Hepatitis B, any sexually transmitted disease, and toxoplasmosis.

Know your risks. There are certain inherited diseases that you can be tested for before pregnancy: **Tay-Sachs disease**, which causes fatal brain damage in babies, primarily affects people of Eastern European Jewish ancestry; **sickle-cell anemia**, a blood disorder that mainly affects African Americans; or **thalassemia**, a blood disorder that primarily affects people of Asian or Mediterranean descent.

If you have diabetes, high blood pressure, or other chronic conditions, you should talk to your doctor about how you can be at your healthiest before pregnancy to lower the risk of complications in pregnancy.

Once you discover you are pregnant:

- The best thing you can do for your baby is to get regular prenatal care. Discuss any medications, drugs, or supplements you are using with your doctor. If you have any complications, the sooner they are detected the sooner they can be treated.
- If you smoke, drink alcohol, or use drugs, **STOP NOW**. They can seriously hurt your baby as well as your own health.
- Stay away from toxins at home and work—like insecticides, solvents, lead, and mercury.
- If you have a cat, don't handle the cat litter, it can harbor toxoplasmosis which can cause birth defects.
- Eat a healthy, balanced diet with lots of fruits, vegetables, grains, and calcium-rich foods (dairy products, tofu, canned fish, broccoli).
- Get plenty of rest
- Be physically active, unless your doctor advises you against it. Activities like walking and swimming can help you look and feel good.

For more information, contact:

Maternal and Child Health Bureau (MCHB) prenatal care hotlines:
Phone: 800-504-7081 (English or Spanish)

Food and Drug Administration
"All About Eating For Two"
Phone: 800-532-4440
Internet: vm.cfsan.fda.gov/~dms/wh-preg1.html

Reproductive Health

Having children remains a major life factor for more than 80 percent of American women. But for every woman, young or old, with children or not, the health of her reproductive organs remains important throughout life.

Here are some reproductive health tips you should remember:

- ◆ Every woman, starting at age 18 or as soon as she is sexually active, should have an annual pelvic exam and a Pap smear every 1-3 years. This goes for women who have passed menopause, too, since the risk of reproductive organ cancers goes up as we get older.
- ◆ Don't be afraid to discuss any pain, problems, or questions about your reproductive health with your doctor. If your doctor doesn't seem to be listening, get another opinion. Don't be satisfied if someone tells you it's just all in your head.
- ◆ Don't be ashamed or afraid of being tested for sexually transmitted diseases. They are far more common than you may think.
- ◆ If you are sexually active, be responsible. Be aware of the advantages and limitations of contraceptive choices and whether or not they protect against sexually transmitted diseases. Practice abstinence when appropriate.
- ◆ If you are pregnant, get early and regular prenatal care, it's one of the best things you can do for your health and the health of your baby. It's also an important time to quit smoking, drinking, or drug use, and a great time to eat healthy foods and take care of yourself.
- ◆ Hysterectomies are the most common non-obstetrical surgery performed on American women. Most are performed to treat fibroids or endometriosis, which may have other treatment options. Don't hesitate to ask about your options, and get a second opinion.
- ◆ Infertility problems are equally likely to be related to the male partner as the female partner. Most cases (85-90%) are treated with fertility drugs or surgery. Less than 5% involve assisted reproductive technologies like in-vitro fertilization.
- ◆ Beware of workplace hazards and their potential impact on your reproductive health. Find out what chemicals, physical agents, and biological agents you work with and how much you are exposed to. Use protective gear. Share this information with your health care provider.
- ◆ Find out if you or your mother ever used DES (diethylstilbestrol) during her pregnancies. DES is a synthetic estrogen drug that was given to millions of pregnant women primarily from 1938-1971, supposedly to reduce the risk of miscarriage. Women who used DES may be at added risk of breast cancer. Children of women who used DES may be at risk for reproductive health problems, including infertility, pregnancy problems, structural changes in reproductive organs, and reproductive cancers (in men or women). If you were exposed to DES, tell your doctor, you may need extra preventative exams.

For more information, contact:

American College of Obstetricians and Gynecologists

Phone: 202-638-5577

Internet: www.acog.org

American Society for Reproductive Medicine

Phone: 205-978-5000

Internet: www.asrm.org

DES Action USA

Phone: 800-DES-9288

Internet: www.desaction.org

Sexually Transmitted Diseases

What are sexually transmitted diseases (STDs)?

Although people don't like to talk about sexually transmitted diseases (also called venereal diseases), they are incredibly common—affecting 1 in 4 adults in the U.S. Here are some important facts you should know about STDs:

- ✓ STDs infect people regardless of background and income levels.
- ✓ Young people are especially at risk because they tend to have more sexual partners and encounters, but older women are not immune.
- ✓ Rates of STD infection are rising.
- ✓ Biologically, women are more at risk of STD infection than men, and younger women more so than older ones.
- ✓ Most often, STDs cause no symptoms, especially in women. Even without symptoms, they can still be passed on and cause serious health problems.
- ✓ Women are more likely than men to have health problems from STDs, such as:
 - Infection that spreads to the uterus and fallopian tubes to cause pelvic inflammatory disease, which can in turn lead to infertility or ectopic pregnancy.
 - A higher risk of cervical cancer from infection with human papillomavirus (HPV)
 - In pregnant women, a higher risk of disability or death in the infant
- ✓ Many STDs are caused by a bacteria or a virus. Bacterial STDs like chlamydia, gonorrhea, trichomoniasis, and syphilis can be cured with antibiotics. Viral STDs such as herpes, genital warts, cytomegalovirus, and HIV can be treated to help control symptoms, but there is no way to completely eliminate the virus from the body.

What you can do to prevent STDs:

The best way to prevent STDs is not to have sexual intercourse. If you are sexually active:

- ✓ Use a condom
- ✓ Be direct and frank about asking your sexual partner if he or she has had an STD, been exposed to one, or has unexplained sores, rashes, or discharge in the genital area.
- ✓ If you are sexually active, have regular checkups for STDs, even if you have no symptoms.
- ✓ If you are diagnosed with an STD, follow your doctor's directions and tell your recent sexual partners.

For more information, contact

CDC National Prevention Information Network Phone: 800-243-7012
Internet: www.cdcnpin.org

American Social Health Association
Phone: 800-230-6039
Internet: www.ashastd.org/

National Institute of Allergy and Infectious Diseases, National Institutes of Health
Internet: www.niaid.nih.gov/factsheets/stdinfo.htm

U.S. Food and Drug Administration-Teen Consumer Information
Internet: www.fda.gov/oc/opacom/kids/html/7teens.htm

Sleep and Fatigue

Are you getting a good night's sleep? Here are common problems that may be keeping you awake at night:

- Stress
- Habits—drinking alcohol or caffeine in the afternoon or evening, exercising close to bedtime, having irregular morning and nighttime schedules, doing mentally intense activities close to bedtime
- Shift work
- Jet lag
- Environment—light, noise, extreme temperatures, uncomfortable bed
- Health conditions—pain; breathing problems; hormonal shifts in pregnancy, your menstrual cycle, or menopause
- Medications—such as steroids, some medicines for high blood pressure, asthma, or depression

Here are some tips for getting a better night's sleep:

- Avoid caffeine, nicotine, and alcohol in the afternoon and evening
- Exercise regularly, but at least three hours before bedtime
- Avoid naps
- Try to set a regular bedtime
- If you can't sleep, don't stay in bed. Take on a relaxing activity, like reading, until you are sleepy

Does lack of sleep cause fatigue?

Yes. But it's not the only cause. The short or long-term lack of energy of fatigue can come from:

- Stress and anxiety
- Poor nutrition, hunger, poor eating habits
- Physical stress or illness
- Breathing problems

What can I do to prevent fatigue?

- Get plenty of sleep (8 hours)
- Exercise regularly
- Plan out your daily activities, including rest breaks
- Eat a well-balanced diet
- Learn coping skills to help handle stress

Do I have a sleep disorder?

If you have had problems sleeping for over a month and find it interfering with your everyday activities, you may have a sleep disorder. Ask your doctor.

Here are common sleep disorders:

Sleep Apnea: a serious, potentially deadly, disorder where your breathing is interrupted during sleep (as many as 20 to 30 times an hour) causing you to wake up many times during the night.

Narcolepsy: a disorder that can cause you to fall asleep at unexpected or inappropriate times during the day, even after a good night's sleep.

Restless Leg Syndrome: characterized by an unpleasant sensation in the legs like creeping, crawling, pulling, or pain that keeps you awake.

Insomnia: difficulty falling asleep or returning to sleep during the night.

For more information, contact:

National Sleep Foundation,
Internet: www.sleepfoundation.org/

American Academy of Sleep Medicine
Phone: 507-287-6006
Internet: www.aasmnet.org/

Smoking: Yes, You *Can* Quit

Smoking is the leading cause of preventable deaths in our country. It not only increases your risk of lung cancer – that kills more American women than breast cancer – but also increases your risk of heart disease, stroke, lung diseases, other cancers, osteoporosis, infertility, early menopause, premature birth, wrinkles, nervousness, bad breath, and stained teeth.

The good news is that it's never too late (or too early) to quit! And the sooner, the better. Here are tips that can help:

Nicotine Patch or Nicotine Gum: These products help lessen your urge to smoke, by reducing your craving for nicotine. Used correctly, they about double your chance of successfully quitting. You can obtain the patch with a doctor's prescription. The gum is sold without a prescription. Follow the instructions carefully.

Support and Encouragement: Counseling and support groups can make it easier to quit successfully. For best results, sessions should be at least 20-30 minutes long, last at least 2 weeks and be repeated at least 4 to 7 times. You may also want to call on friends and family for support, especially if they are ex-smokers, too.

Handling Stress and Urges to Smoke: Recognize and avoid situations that may cause you to want to smoke, like being with other smokers, drinking, feeling sad, under pressure, or frustrated. Remember why you want to quit. Learn positive ways to cope with stress or depression that don't rely on smoking, like exercise and doing things you enjoy.

Relapse: If you fail, don't give up. Be aware of what works and doesn't to help you quit smoking.

Fear of Weight Gain: Don't let this be your excuse not to quit. Worry about your smoking first, and weight later. Nicotine gum or patches may help you avoid weight gain. Pick up good habits like regular exercise, and a diet rich in fruits, vegetables, and grains, and low in sugar and fat. They can be as addictive as bad habits.

For more information, contact:

Office on Smoking and Health-CDC
Phone: 800-CDC-1311
Internet: www.cdc.gov/nccdphp/osh

American Lung Association
Phone: 800-586-4872
Internet: www.lungusa.org

Skin Cancer

Here's a simple quiz to test your knowledge about sunscreens and skin protection.

- True/False** 1. Sunscreens don't protect you against all the sun's harmful rays.
- True/False** 2. Suntans are a sign of skin damage.
- True/False** 3. You should use sunscreen often, and even on cloudy days.
- True/False** 4. Some medications make your skin more sensitive to the sun.
- True/False** 5. You should always keep babies out of the sun.
- True/False** 6. You can take steps to protect your skin.

1. **True.** There are two types of rays—ultraviolet A (UVA) and ultraviolet B (UVB). They can damage skin by causing sunburn, rashes, cell and tissue damage, premature wrinkling, and skin cancer. Sunscreens can protect you against UVB rays, but they don't protect against UVA rays.
2. **True.** A tan (either from sunlight or artificial tanning booths) is a sign of damage. It is the body's way of trying to protect itself against sunburn.
3. **True.** You should apply sunscreen (SPF 15 or higher) each time you are going to be in the sun more than 20 minutes. Apply it generously 30 minutes before going outside. Reapply it every two hours or after swimming or strenuous exercise. Use sunscreen even on cloudy days—80 percent of the sun's rays still pass through clouds.
4. **True.** Some of the common medications that can make your skin more sun sensitive are certain antibiotics, birth control pills, diuretics, antihistamines, and antidepressants. Ask your doctor or pharmacist.
5. **True.** Babies should be kept out of the sun altogether. Their eyes are especially vulnerable to sunlight, and the chemicals in sunscreen may be bad for their skin. Older children should use sunscreen and avoid the sun, especially between 10 am and 3 pm when the rays are strongest.
6. **True.** To protect your skin, avoid the sun; use sunscreen; wear a hat; wear sunglasses; seek out shade; wear lightweight pants, skirts, and long sleeves; avoid artificial tanning; and check your skin regularly for changes in the size, texture, shape, or color of moles and blemishes. If you find any changes, see your doctor.

Do you know who is most at risk of skin cancer?

People who:

- ✓ spend a lot of time outside
- ✓ live or vacation close to the equator or at high altitudes
- ✓ have certain diseases, like lupus
- ✓ take certain medicines like some antibiotics, acne medicine, anti-depressants, oral contraceptives, anti-inflammatories, diuretics, antihistamines, or anti-diabetics

People with:

- ✓ fair skin; blond, red, or light brown hair; blue, green, or gray eyes
- ✓ freckles and who burn before tanning
- ✓ a personal or family history of skin cancer

Important:

- ✓ Women tend to get skin cancer on their legs, so remember to protect your whole body
- ✓ Young women are the fastest growing group getting skin cancer

For more information, contact:

American Academy of Dermatology
Phone: 888-462-DERM
Internet: www.aad.org

American Cancer Society
Phone: 800-ACS-2345
Internet: www.cancer.org

The National Women's Health Information Center: 1-800-994-WOMAN

Sports

Do you have to be a superstar to enjoy or benefit from sports?

No. In fact, you don't even have to look good in Lycra to get the best out of sports. Find a sport or a team that fits your style—competitive or easygoing. Remember too, that for many sports you don't have to be particularly talented at them to have fun. Walking, jogging, playing Frisbee, swimming, rowing, volleyball, baseball, basketball, soccer, golf, tennis, aerobics, skiing, biking, hiking, skating, and dancing are just a few examples of sports you can enjoy your whole life without ever winning a medal.

What are the benefits of participating in sports for girls and women?

For girls, research has shown that participation in sports and physical activities helps them develop skills in leadership and team building. It reduces the risks of heart disease, obesity, diabetes, and osteoporosis. It also boosts mental health, self-confidence, and self-esteem. Girls who play sports are less likely to drop out of school, take up smoking, or become pregnant as teenagers, and are more likely to get good grades and go on to college. They are also more likely to develop good health habits and get hooked on exercise.

For women, sports and regular physical activity are good mood enhancers, stress reducers, and forms of weight control. They often provide the opportunity for positive social interactions and support. Women who are physically active are less likely to develop conditions such as obesity, heart disease, osteoporosis, stroke, certain cancers, and other problems. Regular exercise also helps reduce the symptoms or severity of conditions like diabetes and arthritis.

What are common sports injuries in women?

Activities that involve repeated motions, sometimes with hard contact with the ground or a ball, can lead to knee, ankle, shoulder, or foot injuries. Severe exertion in hot or humid conditions can lead to

hyperthermia or dehydration, so it's important to drink a lot of fluids. Female athletes who engage in very long or extreme training can sometimes experience anemia, amenorrhea (lack of menstrual periods), or bladder problems. Swimmers can experience otitis externa (swimmer's ear). Persons with poor coronary circulation may develop heart problems with physical exertion. Cyclists, walkers, and runners also face risks associated with collisions with motor vehicles, injuries from falls, or attacks by animals or people.

It is important to remember, however, that fear of sports injuries should not cloud the vast array of health benefits that come with regular physical activity.

For more information, contact:

Women's Sports Foundation

Phone: 800-227-3988

Internet: www.lifetimev.com/WoSport

"Choose to Move" campaign

Phone: 888-MY-HEART

Internet: www.women.americanheart.org

Melpomene Institute

Phone: 651-642-1951

Internet: www.melpomene.org

National Association of Girls and Women in Sports

Phone: 703-476-3450

Internet: www.aahperd.org/nagws/nagws-main.html

Stress Management

Everyone experiences stress from time to time. In fact, you need some stress to be active and productive. But too much stress can be harmful, so here are tips to help make it more manageable.

- ◆ Don't try to do it all. No one expects you to be a superwoman. Be realistic about your abilities and learn to say "no"
- ◆ When you feel overwhelmed, take things one at a time
- ◆ Be willing to ask for help and to share responsibilities. Be honest with yourself and others about what you can and cannot do
- ◆ Share your feelings; don't bottle things in. Look for people who will give you encouragement
- ◆ For stressful situations that you can predict, plan ahead, and arrange a plan "B" in case things don't work out
- ◆ Do things you enjoy; keep a variety of interests, activities, and relationships to help keep your mind off your worries
- ◆ Give yourself a break from time to time—whether it's a walk around the block, some peace and quiet, or a real vacation
- ◆ Get enough sleep. Limit your intake of caffeine and alcohol, which may rob you of sleep
- ◆ Get some exercise—it's a great stress reducer and good for the mind as well as the body
- ◆ Build in some relaxation time. Meditate, practice yoga, think of pleasant things, or try to think of nothing at all
- ◆ Eat a healthy, balanced diet. Eat regular meals—hunger can worsen stress

How can I tell if I am getting too much stress?

The normal body response to everyday stress is an increase in blood pressure, heart rate, respiration, metabolism, and blood flow to your muscles. Too much stress can make you feel sick or sore, and even contribute to life-threatening problems like high blood pressure and heart disease. Here are some clues to gauge if you are too stressed:

- ◆ Getting excessively upset from small problems or disappointments
- ◆ Not enjoying small pleasures
- ◆ Constantly thinking about your worries
- ◆ Feeling inadequate or doubting yourself
- ◆ Feeling constantly tired
- ◆ Getting angry over things that didn't used to bother you
- ◆ Having trouble sleeping
- ◆ Changing your eating habits (loss of appetite or heavier eating)
- ◆ Suffering from constant pains, headaches, or back aches

For more information, contact:

National Institute of Mental Health
Phone: 800-421-4211
Internet: www.stress.org

National Mental Health Association
Phone: 800-969-6642
TDD: 800-433-5959
Internet: www.nmha.org

Stroke

What is a stroke?

A stroke, or “brain attack,” occurs when a blood clot in your brain or neck prevents your blood from circulating to your brain. Without enough blood the cells in your brain do not get enough oxygen and begin to die. A stroke can also be caused by bleeding into the brain or spaces surrounding the brain.

What can I do to reduce my risk of stroke?

1. **Know the warning signs. If you see or have one or more of these symptoms, don't wait, call 911 right away! Every minute counts even if the symptoms seem to have disappeared.**
 - ❖ Sudden numbness or weakness of face, arm, or leg, especially on one side of the body
 - ❖ Sudden confusion or trouble speaking or understanding speech
 - ❖ Sudden trouble seeing in one or both eyes
 - ❖ Sudden trouble walking, dizziness, or loss of balance or coordination
 - ❖ Sudden severe headache with no known cause
 - ❖ Double vision, drowsiness, and nausea or vomiting
2. **Reduce your risk**
 - ❖ **If you have high blood pressure,** treat it. Eat a balanced diet, maintain a healthy weight, and exercise. There are also medications that can help
 - ❖ If you **smoke**, quit. There are many programs, patches, gums, support groups, etc., to help you do it
 - ❖ If you have **heart disease**, manage it. Your doctor can treat your heart disease and may prescribe medication to help prevent the formation of blood clots. If you are over 50, you and your doctor should discuss using aspirin therapy
 - ❖ If you have **diabetes**, proper management and treatment can delay complications that increase the risk of stroke
 - ❖ If you have ever had a small stroke called **transient ischemic attack** (TIA) seek help. Although they may last only for a few minutes or hours, they should never be ignored and can be treated with drugs or surgery

What are the effects of a stroke?

- ❖ Weakness or paralysis on one side of the body
- ❖ Problems with balance or coordination
- ❖ Problems with speech or writing
- ❖ Pain, numbness, or odd sensations
- ❖ Being unaware of or ignoring things on one side of the body
- ❖ Problems with memory, thinking, attention, or learning
- ❖ Being unaware of the effects of the stroke
- ❖ Trouble swallowing
- ❖ Problems with bowel or bladder control
- ❖ Getting tired very quickly
- ❖ Sudden bursts of emotion, such as laughing, crying, or anger
- ❖ Depression

For more information, contact:

National Institute of Neurological Disorders and Stroke

Phone: 301-496-5751

Internet: www.ninds.nih.gov

Tooth Care

Why is it important to take care of your teeth?

Your teeth not only affect your looks, but also your ability to eat and speak. Taking care of your teeth is an easy and effective way to make sure you keep a healthy smile your whole life. Daily brushing and flossing, along with regular dental checkup, keeps your mouth clean, breath fresh, and teeth healthy.

How can you help keep your teeth healthy?

Brush twice a day with a fluoride toothpaste. Use a soft bristle toothbrush and gently brush with circular and short, back-and-forth strokes. Take time and brush carefully along the gum line. Also, lightly brush your tongue

Use dental floss (waxed or unwaxed) daily, curving it in a C-shape around each tooth. If you have trouble using floss, ask your dentist about other interdental cleaners (brushes, picks, sticks)

Your dentist may also recommend an antibacterial mouthrinse to use each day

Eat a balanced diet

Visit your dentist every 6 months for professional cleaning and checkups

If you have diabetes, you may be at greater risk of gingivitis or periodontitis. Keeping your diabetes in check will help lower that extra risk

What are the main threats to your teeth?

Cavities-are a form of tooth decay caused by bacteria that normally live in the mouth. The bacteria live on sugars and produce acids that dissolve minerals on the surface of your teeth.

Plaque-is a sticky film of bacteria that grows on your teeth. It can lead to tooth decay or gum irritation.

Gingivitis-is an inflammation or infection of the gums.

Periodontitis-is an inflammation or infection of the bone holding the teeth in place. It is more serious than gingivitis and can lead to receding gums and eventually tooth loss.



For more information, contact:

National Oral Health Information Clearinghouse, Phone: 301-402-7364
Internet: www.aerie.com/nohicweb/ohmap.html

American Dental Association
Phone 800-621-8099
Internet: www.ada.org

National Institute of Dental Research
Phone: 301-496-4261
Internet: www.nidr.nih.gov/

National Institute on Aging Information Center Phone: 800-222-2225
TDD: 800-222-4225
Internet: www.nih.gov/nia

Weight Management

Should I lose weight?

People who are moderately to severely overweight can improve their health by losing weight — only 10% of their overall weight can make a big difference in their health and how they feel. You do not need to lose weight if you are a healthy weight, haven't gained more than 10 pounds since reaching your adult height, and are otherwise healthy.

How can I lose weight or maintain a healthy weight?

To lose weight you need to take in fewer calories from food than you use each day, by boosting physical activity and reducing calories. To maintain a healthy weight you need to balance the two. You are more likely to lose weight and keep it off if you follow an exercise and eating program that you can live with, even enjoy. Consider weight loss and weight management a long-term effort.

There are three main types of weight-loss programs:

- ✓ Do-it-yourself
- ✓ Non-clinical (books, counselors, special foods)
- ✓ Clinical (in a health care setting)



There are three main methods for losing weight:

Diet. Diets that use tiny portions or limited types of food are not likely to work for long. To be effective, a good diet should include long-term changes for healthy eating habits (less fat; more fruits, vegetables, and grains). It should take into account your tastes and lifestyle, include a wide variety of foods with moderate servings, and supply enough nutrients for good health.

Physical Activity. This is an important way to lose weight, keep it off, and have a healthy lifestyle. Choose activities you enjoy and that fit in your life, whether they're walking, dancing, taking the stairs, gardening, chasing children around, or kick-boxing.

Behavior Changes. These may focus on behaviors like watching TV that encourage you to overeat or sit around. Getting support from others may help you maintain healthier habits and a healthy attitude about your weight. The key is to find what works for you.

For more information, contact:

Weight-Control Information Network
Phone: 800-WIN-8098
Internet: www.niddk.nih.gov/health/nutrit/pubs/choose.htm

Women with Disabilities

One in six Americans has a condition that inhibits his or her life to some degree. But today, people with disabilities are facing more options and years of active life than ever before.

What are some of the health issues faced by women with disabilities?

Reproductive health: Many women with disabilities face added barriers to accessing reproductive health information and services tailored to their needs and concerns, including accessible examining rooms and equipment for preventive services.

Abuse and violence: Similar to non-disabled women, women with disabilities may be exposed to physical, emotional, or verbal abuse. In addition, they may also be subjected to abuse through denial of medications, withholding of attendant services, or prevention of their use of assistive devices.

Youth programs: As more and more children with disabilities lead longer and more active lives, girls with disabilities need opportunities to learn about their health, and to build their self-esteem, independence, and integration into society.

Osteoporosis: Women with disabilities may be at increased risk of osteoporosis due to medications, nutrition, hormone levels, or lack of physical activity. It is important to measure each woman's risk factors and assess what protective behaviors she can undertake.

Exercise: Women with disabilities, like non-disabled women, can promote their health through regular, moderate physical activity. It improves stamina and muscle strength, and reduces risks of heart disease, anxiety and depression, swelling and pain of arthritis, diabetes, colon cancer, and high blood pressure.

Injury prevention: Injury prevention education should be a part of routine services for women with disabilities.

Social stereotypes: Body image, society's emphasis on beauty, ideals of marriage and motherhood, and fear of people who are different may affect women with disabilities even harder than other women. It is important to provide women with disabilities with many options and choices for a lifestyle that makes them happy and as independent as possible.

Resources for women with disabilities:

National Women's Health Information Center

Women with DisAbilities web page

Phone: 800-994-9662

TDD: 888-220-5446

Internet: www.4woman.gov/wwd

Centers for Independent Living

Internet: www.ilusa.com/links/ilcenters.htm

Social Security Administration

Phone: 800-772-1213

Internet: <http://www.ssa.gov>

National Rehabilitation

Information Center

Phone: 800-346-2742

TDD: 301-495-5626

Internet: www.naric.com

Breast Health Access for Women with Disabilities

Phone: 510-204-4866

Internet: www.bhawd.org

Americans With Disabilities

Information Line

U.S. Department of Justice

Phone: 800-514-0301

TDD: 800-514-0383

Internet: www.usdoj.gov/crt/ada/infoline.htm

REGIONAL WOMEN'S HEALTH COORDINATORS

The Office on Women's Health supports Women's Health Coordinators in each of the ten regions of the U.S. Public Health Service. These coordinators convene public meetings, compile data on women's health statistics and resources, and promote collaborations among states and regions to promote culturally appropriate women's health services, research, and education.

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National Womens Health Information Center



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